2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106736

Entity Name: WALTERS LANDCLEARING, INC

WALTERS, MELDEANA M

10926 SOUTHFORK LOOP

PANAMA CITY, FL 32404 US

Name:

Address:

City-St-Zip:

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10930 SOUTHFORK LOOP PANAMA CITY, FL 32404 LIS **Current Mailing Address: New Mailing Address:** 10930 SOUTHFORK LOOP PANAMA CITY, FL 32404 US FEI Number: 20-3231220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALTERS, STACEY M 10930 SOUTHFORK LOOP US PANAMA CITY, FL 32404 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WALTERS, RONALD L SR Name: Name: 10926 SOUTHFORK LOOP Address: Address: City-St-Zip: PANAMA CITY, FL 32404 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: WALTERS, DONALD J SR Name: 10930 SOUTHFROK LOOP Address: Address: PANAMA CITY, FL 32404 US City-St-Zip: City-St-Zip: () Delete Title: Title: TRS () Change () Addition WALTERS, STACEY M Name: Name: 10930 SOUTHFORK LOOP Address: Address: City-St-Zip: PANAMA CITY, FL 32404 US City-St-Zip: Title: SEC () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: STACEY M WALTERS TRS 04/16/2009