

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05000148859

1. Entity Name
DW STUMP REMOVAL INC.



Principal Place of Business

3291 OVERLOOK ROAD
DAVIE, FL 33328

Mailing Address

3291 OVERLOOK ROAD
DAVIE, FL 33328



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number

16-1740506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WRIGHT, DENNY
3291 OVERLOOK ROAD
DAVIE, FL 33328

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Denny Wright

Signature, typed or printed name of registered agent and title if applicable.

[Signature]

DATE: Registered Agent signature required when reinstating

1-17-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WRIGHT, DENNY
3291 OVERLOOK ROAD
DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000601006
01/26/07-80034-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-07 954-638-4122

Date

Daytime Phone #