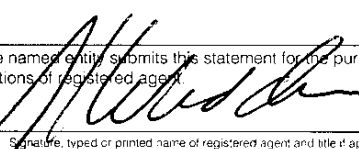
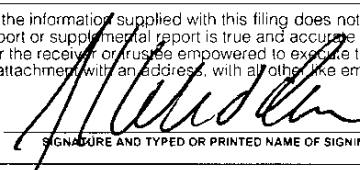


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90034 042 \*\*\*150.00

DOCUMENT # P06000059215			
1. Entity Name JAMES WEDDEN LANDSCAPING TRACTOR SERVICE INC.			
Principal Place of Business 7765 92 AVE VERO BEACH, FL 32967		Mailing Address 7765 92 AVE VERO BEACH, FL 32967	
2. Principal Place of Business - No P.O. Box # 13625 87th ST Suite, Apt. #, etc.		3. Mailing Address 13625 87th ST Suite, Apt. #, etc.	
City & State FELLSMERE, FL Zip 32948 Country		City & State FELLSMERE, FL Zip 32948 Country	
4. FEI Number 20-4761822		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEDDEN, JAMES V 7765 92 AVE VERO BEACH, FL 32967		7. Name and Address of New Registered Agent Name WEDDEN, JAMES V Street Address (P.O. Box Number is Not Acceptable) 13625 87th STREET City FELLSMERE FL Zip Code 32948	
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:  JAMES V WEDDEN DATE: 1/22/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEDDEN, JAMES V 7765 92 AVE VERO BEACH, FL 32967 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS 13625 87th STREET FELLSMERE, FL 32948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ MARIE B WEDDEN 13625 87th STREET FELLSMERE, FL 32948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  JAMES V WEDDEN		Date: 1/22/07 Daytime Phone #: 772 4131569	