


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90082 045 \*\*\*150.00

<b>DOCUMENT # P06000100600</b> 1. Entity Name <b>FLORIDA WEST LANDSCAPE &amp; IRRIGATION INC.</b>																											
Principal Place of Business <b>7944 SW MACK SHIVER RD. CLARKSVILLE, FL 32430</b>		Mailing Address <b>7944 SW MACK SHIVER RD. CLARKSVILLE, FL 32430</b>																									
2. Principal Place of Business - No P.O. Box # <b>11445 Verdine Cemetery Rd.</b>		3. Mailing Address <b>11445 Verdine Cemetery Rd.</b>																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State <b>Bryceville, FL</b>		City & State <b>Bryceville, FL</b>																									
Zip <b>32009</b>		Zip <b>32009</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
4. FEI Number <b>87-0777645</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>THOMPSON, MICHAEL A 7944 SW MACK SHIVER RD. CLARKSVILLE, FL 32430</b>		7. Name and Address of New Registered Agent Name <b>Michael A. Thompson</b> Street Address (P.O. Box Number is Not Acceptable) <b>11445 Verdine Cemetery Rd.</b> City <b>Bryceville, FL</b> Zip Code <b>32009</b>																									
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 <u><i>Michael A. Thompson</i></u> DATE <u>1/31/07</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:70%;">NAME</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>THOMPSON, MICHAEL A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>7944 SW MACK SHIVER RD. CLARKSVILLE, FL 32430</td> <td></td> </tr> </table>		TITLE	P	NAME	<input type="checkbox"/> Delete	STREET ADDRESS		THOMPSON, MICHAEL A		CITY-ST-ZIP		7944 SW MACK SHIVER RD. CLARKSVILLE, FL 32430		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:70%;">NAME</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>Thompson Michael A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>11445 Verdine Cemetery Rd. Bryceville, FL 32009</td> <td></td> </tr> </table>		TITLE	P	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		Thompson Michael A		CITY-ST-ZIP		11445 Verdine Cemetery Rd. Bryceville, FL 32009	
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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: <u><i>Michael A. Thompson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/31/07</u> <small>Date</small>																									
		Daytime Phone #																									