

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127864

FILED
Mar 27, 2007
Secretary of State

Entity Name: WALLACE & SONS LAWN CARE, INC.

Current Principal Place of Business:

19211 NW 57TH PLACE
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

19211 NW 57TH PLACE
MIAMI, FL 33015

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLCE, KENVON
19211 NW 57TH PLACE
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

WALLCE, KENYON
19211 NW 57TH PLACE
MIAMI, FL 33015 US

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: KENYON WALLACE

03/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALLACE, KENVON T
Address: 19211 NW 57TH PLACE
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: WALLACE, EZEKIEL
Address: 19211 NW 57TH PLACE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALLACE, KENYON T
Address: 19211 NW 57TH PLACE
City-St-Zip: MIAMI, FL 33015

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: KENYON WALLACE

P

03/27/2007

Electronic Signature of Signing Officer or Director

Date