
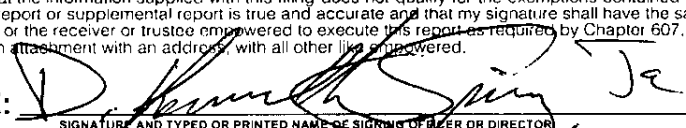


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90099 047 ***150.00

DOCUMENT # P97000001769					
1. Entity Name SPIVEY MOWERS, INC.					
Principal Place of Business 3645 NORTH 50TH STREET TAMPA, FL 33619			Mailing Address 3645 NORTH 50TH STREET TAMPA, FL 33619		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3422340	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPIVEY, KENETH JR 3645 NORTH 50TH STREET TAMPA, FL 33619			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPIVEY, HELEN L	NAME			
STREET ADDRESS	3645 N. 59TH ST.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33619	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRYAN, DONNA	NAME			
STREET ADDRESS	3645 NORTH 50TH STREET	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33619	CITY-ST-ZIP			
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPIVEY JR, DONALD K	NAME			
STREET ADDRESS	3645 NORTH 50TH STREET	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33619	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPIVEY III, DONALD K	NAME			
STREET ADDRESS	3645 N. 50TH STREET	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33619	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCMATH, LISA A	NAME			
STREET ADDRESS	3645 N. 50 TH STREET	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33619	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 lines answered.					
SIGNATURE: 		1-19-07 Date Daytime Phone #			