


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90022 041 \*\*\*150.00

<b>DOCUMENT # P97000002481</b>	
1. Entity Name <b>WALLY BEGLEY MAINTENANCE, INC.</b>	

Principal Place of Business <b>336 S W PAAR DR PORT SAINT LUCIE, FL 34953</b>	Mailing Address <b>336 S W PAAR DR PORT SAINT LUCIE, FL 34953</b>
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20006984

2. Principal Place of Business - No P.O. Box # <b>8141 SE Skylark Ave</b>	3. Mailing Address <b>8141 SE Skylark Ave</b>
Suite, Apt. #, etc. <b>Hobe Sound, FL</b>	Suite, Apt. #, etc. <b>Hobe Sound, FL</b>
City & State	City & State



02272007 Chg-P CR2E034 (12/06)

Zip <b>33455</b>	Country <b>US States</b>	Zip <b>33455</b>	Country <b>United States</b>
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4. FEI Number <b>65-0732567</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BEGLEY, WALLY 336 S W PARR DR PORT SAINT LUCIE, FL 34953</b>	7. Name and Address of New Registered Agent Name <b>Wally Begley</b> Street Address (P.O. Box Number is Not Acceptable) <b>8141 SE Skylark Ave.</b> City <b>Hobe Sound</b> FL Zip Code <b>33455</b>
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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 <b>Wally Begley</b>	DATE

<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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BEGLEY, WALLY 336 S W PARR DR PORT SAINT LUCIE, FL 34953</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Wally Begley 8141 SE. Skylark Ave. Hobe Sound, FL 33455</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BEGLEY, ROSE M 336 S W PARR DR PORT SAINT LUCIE, FL 34953</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Rose M. Begley 8141 SE. Skylark Ave. Hobe Sound, FL 33455</b> <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
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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: <b>Rose M. Begley - officer</b>	Date <b>3-12-07</b> Daytime Phone <b>772-546-6116</b>