


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90058 031 \*\*\*150.00

**DOCUMENT # P98000056512**

1. Entity Name  
**B & J WALTERS LANDSCAPING, INC.**



Principal Place of Business      Mailing Address  
~~8846 MARLEE ROAD~~ **6217 Faulkner Dr.**      P.O. BOX 440125  
**JACKSONVILLE, FL 32222 32244**      **JACKSONVILLE, FL 32222**


2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**6217 Faulkner Drive**      Suite, Apt. #, etc.

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Jacksonville, FL 32244**      City & State

Zip      Country      Zip      Country  
**32244**      **USA**

**40098744**



01312007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-3517930**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WALTERS, BRYAN L**  
~~8846 MARLEE ROAD~~ **6217 Faulkner Drive**  
**JACKSONVILLE, FL 32222 32244**


7. Name and Address of New Registered Agent

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       DATE **4/26/07**

Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WALTERS, BRYAN L	
STREET ADDRESS	<del>8846 MARLEE ROAD</del> <b>6217 Faulkner Drive</b>	
CITY-ST-ZIP	<del>JACKSONVILLE, FL 32222</del> <b>32244</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALTERS, JUDY T	
STREET ADDRESS	<del>8846 MARLEE ROAD</del> <b>6217 Faulkner Drive</b>	
CITY-ST-ZIP	<del>JACKSONVILLE, FL 32222</del> <b>32244</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE:       DATE **4/26/07**      Daytime Phone # **904-772-8467**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR