


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # S32813
 1. Entity Name
WILSON'S LANDSCAPING & LAWN SERVICE, INC.



Principal Place of Business 1200 N. 37TH ST. FT PIERCE, FL 34947	Mailing Address 1200 N. 37TH ST. FT PIERCE, FL 34947
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03212007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3053890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, ANTHONY
 1200 N 37TH ST
 FT PIERCE, FL 34947

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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 _____ DATE _____
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 NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, ANTHONY 1200 N 37TH ST FT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILSON, ANGELA L 1200 N. 37TH ST. FORT PIERCE, FL 34947
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 04/04/07-80011-013 150.00

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: Angela L. Wilson **3-28-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #