2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# S64425

Entity Name: WALSH & WALSH LANDSCAPE ARCHITECTURE AND INTERIOR DESIGN, INC.

Current Principal Place of Business:

9957 MOORINGS DRIVE
101
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

2557 LYNNHAVEN TERRACE
JACKSONVILLE, FL 32223 US

Current Mailing Address:

9957 MOORINGS DRIVE
101
JACKSONVILLE, FL 32257 US

New Mailing Address:

2557 LYNNHAVEN TERRACE
JACKSONVILLE, FL 32223 US

FEI Number: 59-3084415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORD, BOWLUS, DUSS, MORGAN, KENNEY, ET AL.
10110 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: WALSH, KATHLEEN C.,
Address: 2557 LYNN HAVEN TERRACE
City-St-Zip: JACKSONVILLE, FL

Title: SD ( ) Delete
Name: WALSH, BERNARD L., J, R
Address: 2557 LYNN HAVEN TERRACE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: WALSH, KATHLEEN C.,
Address: 2557 LYNNHAVEN TERRACE
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD (X) Change ( ) Addition
Name: WALSH, BERNARD L., J, R
Address: 2557 LYNNHAVEN TERRACE
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify 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: KATHLEEN C. WALSH DPT 04/11/2008

Electronic Signature of Signing Officer or Director Date