2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11367

FILED Jan 05, 2008 Secretary of State

Entity Name: COUNTY LINE MOWER CENTER, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	UNTY LINE RE HILL, FL 34610			
urrent N	failing Addres	s:	New Mailing Addres	s:
	UNTY LINE RE HILL, FL 34610			
El Number	: 59-2975157	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	NCENT JUNTY LINE RE			
SPRING H	HILL, FL 34610	US		
he above	·		purpose of changing its registere	ed office or registered agent, or both,
he above	e named entity s e of Florida. RE:	submits this statement for the		ed office or registered agent, or both,
The above in the Stat SIGNATU	e named entity se of Florida. RE: Electror	submits this statement for the iic Signature of Registered Ag		ed office or registered agent, or both, Date
The above the Stat SIGNATU	e named entity se of Florida. RE: Electror mpaign Financins	submits this statement for the lic Signature of Registered Ag g Trust Fund Contribution ().	ent	Date
The above the Stat SIGNATU	e named entity se of Florida. RE: Electror	submits this statement for the lic Signature of Registered Ag g Trust Fund Contribution ().	ent	
The above the Stat SIGNATU	e named entity se of Florida. RE: Electror mpaign Financing S AND DIREC	submits this statement for the iic Signature of Registered Ag Trust Fund Contribution (). TORS: Delete T,	ent	Date
the above the Stat GNATU Jection Ca PFFICER ittle: ame: ddress:	e named entity se of Florida. RE: Electron mpaign Financing S AND DIREC PD () CONA, VINCEN 18718 WINDIN- HUDSON, FL	submits this statement for the sic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete T, G OAKS BLVD	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: LINDA CONA SEC 01/05/2008