2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 22, 2007 08:00 AM DOCUMENT # P00000108025 **Secretary of State** 1. Enlity Namo NEAT-N-TIDY LAWN SERVICE INC. Principal Place of Business Mailing Address 2978 N PAGE AVE 2978 N PAGE AVE HERNANDO FL 34442 HERNANDO FL 34442 The state of the s 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suile, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 65-1059498 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UMPHRESS, JEFFREY 2978 N PAGE AVE Street Address (P.O. Box Number is Not Acceptable) HERNANDO FL 34442 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete THE ☐ Change ■ Addition UMPHRESS, JEFFREY NAME U00000643077 2978 N. PAGE AVE. STREET LADDRESS STREET ADDRESS 03/01/07-80070-017 150.00 HERNANDO FL 34442 CITY-ST-ZIP CITY-ST-7IP 1000 Delete HILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STRUCT ADDRESS CHY-ST-ZIP CHY-ST-7IP TITLE Delete HULE Change C Jaumon NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-St-ZIP Delete DITLE Change Addition NAME NAMI STHEET ADDRESS STRELT ADDRESS CHY-ST-ZIP CITY+SI-ZIP THE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ШЕ ☐ Delete HITTE. Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY+ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath; 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:

Jennya Uniohian

<u>10106160</u>

352 344-5134

FILED