

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058759

Entity Name: BAKER'S LAWN CARE, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

12303 WEXFORD HILLS RD.
RIVERVIEW, FL 33569

New Principal Place of Business:

6110 NUNDY AVE
GIBSONTOWN, FL 33534

Current Mailing Address:

12303 WEXFORD HILLS RD.
RIVERVIEW, FL 33569

New Mailing Address:

6110 NUNDY AVE
GIBSONTOWN, FL 33534

FEI Number: 59-3732779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, GARY J
12303 WEXFORD HILLS RD.
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

BAKER, RYAN M D
6110 NUNDY AVE
RIVERVIEW, FL 33534 US

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: RYAN MATTHEW BAKER

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAKER, GARY J
Address: 12303 WEXFORD HILLS RD.
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BAKER, RYAN M D
Address: 6110 NUNDY AVE.
City-St-Zip: GIBSONTOWN, FL 33534

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: RYAN M BAKER

D

04/06/2009

Electronic Signature of Signing Officer or Director

Date