

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028447

FILED
Apr 27, 2009
Secretary of State

Entity Name: BETTER LAWNS & GARDEN INC. OF SEMINOLE COUNTY

Current Principal Place of Business:

770 BIG TREE DRIVE
SUITE 104
LONGWOOD, FL 32750

New Principal Place of Business:

547 THAMES CIRCLE
LONGWOOD, FL 32750

Current Mailing Address:

770 BIG TREE DRIVE
SUITE 104
LONGWOOD, FL 32750

New Mailing Address:

547 THAMES CIRCLE
LONGWOOD, FL 32750

FEI Number: 81-0546172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, ROBERT P
547 THAMES CIRCLE
LONGWOOD, FL 32750 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: P () Delete
Name: KIRKWOOD, COLIN
Address: 446 EAST ORANGE AVE
City-St-Zip: LONGWOOD, FL 32750

Title: V () Delete
Name: BURNS, ROBERT
Address: 547 THAMES CIRCLE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT P BURNS

VP

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date