


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State


DOCUMENT # P04000083760
 1. Entity Name
 PLANTATION LAWN MAINTENANCE, INC.



Principal Place of Business
 3705 N COURTENAY PARKWAY
 MERRITT ISLAND, FL 32953

Mailing Address
 3705 N COURTENAY PARKWAY
 MERRITT ISLAND, FL 32953

DO NOT WRITE IN THIS SPACE



02052008 No Chg-P -CR2E034 (11/05)

4. FEI Number 20-1142564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOUCHER, MICHAEL G
 3705 N COURTENAY PARKWAY
 MERRITT ISLAND, FL 32953

DO NOT WRITE IN THIS SPACE

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: *Michael G. Boucher* DATE: *02/05/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

000000819286
 02/15/08-80077-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOUCHER, MICHAEL G
STREET ADDRESS	3705 N COURTENAY PARKWAY
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael G. Boucher* DATE: *02/05/08* (321) 459-2902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #