


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000004311  
 1. Entity Name  
 S & W LAWN CARE, INC.



Principal Place of Business      Mailing Address  
 460 APPOMATOX AVE      460 APPOMATOX AVE  
 OSTEEN, FL 32764 US      OSTEEN, FL 32764 US

**DO NOT WRITE IN THIS SPACE**



03022007    No Chg-P    CR2E034 (11/05)

4. FEI Number 20-2135833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 SPAKE, WESLEY H  
 460 APPOMATOX AVE  
 OSTEEN, FL 32764

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPAKE, WESLEY H 460 APPOMATOX AVE OSTEEN, FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNG, SHERRI L 460 APPOMATOX AVE OSTEEN, FL 32764
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 04/17/07-80047-014 150.00

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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: Wesley Spake      Date: 3-5-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #