


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000006436

1. Entity Name
SADLER LAWN CARE SERVICE, INC.



Principal Place of Business 1006 CONCORD BAINBRIDGE ROAD HAVANA, FL 32333	Mailing Address 1006 CONCORD BAINBRIDGE ROAD HAVANA, FL 32333
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2147426	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SADLER, TED
1006 CONCORD BAINBRIDGE ROAD
HAVANA, FL 32333**

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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/14/08-80025-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	SADLER, TED 1006 CONCORD BAINBRIDGE ROAD HAVANA, FL 32333
TITLE V	SADLER, MARCUS T 1006 CONCORD BAINBRIDGE ROAD HAVANA, FL 32333
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

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: Ted Sadler **Ted Sadler** 4-1-08 ⁸⁵⁰⁻ 556-2414

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