

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000028254

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: SCOOTER'S LAWN AND GARDEN, INC.

## Current Principal Place of Business:

1328 HWY 90 WEST  
DEFUNIAK SPRINGS, FL 32433

## New Principal Place of Business:

## Current Mailing Address:

1328 HWY 90 WEST  
DEFUNIAK SPRINGS, FL 32433

## New Mailing Address:

FEI Number: 20-4440463

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCONIERS, GLEN E  
268 S 26TH STREET  
DEFUNIAK SPRINGS, FL 32435 US

## Name and Address of New Registered Agent:

SCONIERS, COLLEEN R  
268 S 26TH STREET  
DEFUNIAK SPRINGS, FL 32435 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: COLLEEN R SCONIERS

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SCONIERS, GLEN E  
Address: 268 S. 26TH ST.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VPD ( ) Delete  
Name: SCONIERS, GLEN A  
Address: 268 S. 26TH ST.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: S ( ) Delete  
Name: DRAKE, RICK  
Address: 950 ALMA RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T ( ) Delete  
Name: MAIERLE, GREGG  
Address: 100 D & S LANE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete  
Name: SHAW, RENA F  
Address: 26038 5TH AVENUE  
City-St-Zip: FLORALA, AL 36442

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SCONIERS, COLLEEN R  
Address: 268 S. 26TH ST.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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

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

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: COLLEEN R SCONIERS

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date