2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P07000009342

Entity Name: SEACOAST LAWN SERVICES INC

Current Principal Place of Business:

1918 SE HILLMOOR DR - APT 80
PORT ST LUCIE, FL 34952

New Principal Place of Business:

501 SW FIFER AVE.
PORT ST LUCIE, FL 34953

Current Mailing Address:

1918 SE HILLMOOR DR - APT 80
PORT ST LUCIE, FL 34952

New Mailing Address:

501 SW FIFER AVE
PORT ST LUCIE, FL 34953

FEI Number: 20-8287749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHAVEZ, MILAGROS N
1918 SE HILLMOOR DR - APT 80
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

CHAVEZ, MILAGROS N
501 SW FIFER AVE
PORT ST LUCIE, FL 34953 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: MILAGROS CHAVEZ 04/29/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHAVEZ, MILAGROS N
Address: 1918 SE HILLMOOR DR - APT 80
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VPD ( ) Delete
Name: CHAVEZ, GUSTAVO E
Address: 1918 SE HILLMOOR DR - APT 80
City-St-Zip: PORT ST LUCIE, FL 34952

Title: STD (X) Delete
Name: ARDIANO, ANATAEL S
Address: 1918 SE HILLMOOR DR - APT 80
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHAVEZ, MILAGROS N
Address: 501 SW FIFER AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VPD (X) Change ( ) Addition
Name: CHAVEZ, GUSTAVO E
Address: 501 SW FIFER AVE
City-St-Zip: PORT ST LUCIE, FL 34953

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: MILAGROS CHAVEZ PRES 04/29/2008
Electronic Signature of Signing Officer or Director Date