


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90104 050 \*\*\*150.00

**DOCUMENT # P07000052043**

1. Entity Name  
**BEST LAWN OF BREVARD, INC.**



Principal Place of Business  
**2885 ELECTRONICS DR., BLDG. D, SUITE 2  
 MELBOURNE, FL 32935**

Mailing Address  
**2885 ELECTRONICS DR., BLDG. D, SUITE 2  
 MELBOURNE, FL 32935**

2. Principal Place of Business - No P.O. Box #  
**2885 Electronics Dr.**

3. Mailing Address  
**2885 Electronics Dr.**

Suite, Apt. #, etc.  
**Bldg. D Suite 2**

Suite, Apt. #, etc.  
**Bldg. D Suite 2**

City & State  
**Melbourne FL**

City & State  
**Melbourne FL**

Zip  
**32935**

Country  
**USA**

Zip  
**32935**

Country  
**USA**

01162008 Chg-P CR2E034 (12/06)

4. FEI Number  
**208945423**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEGROS, KYLE R  
 2885 ELECTRONICS DR., BLDG. D, SUITE 2  
 MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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) 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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGROS, KYLE R 788 BIANCA DR. NE PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUSTICE, CRYSTAL 788 BIANCA DR. NE PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, DENNIS 788 BIANCA DR. NE PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kyle Legros **Kyle Legros** Date: **4-9-08** Daytime Phone #: **321 2438447**