

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024905

FILED
Mar 30, 2009
Secretary of State

Entity Name: ONE OF A KIND LAWN CARE, INC.

Current Principal Place of Business:

1880 TALLOAK RD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1880 TALLOAK RD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 26-2135277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARRUSCAIN, ROSALIE
1880 TALLOAK RD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LARRUSCAIN, ROSALIE
Address: 1880 TALLOAK RD
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: LARRUSCAIN, THOMAS
Address: 1880 TALLOAK RD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: LARRUSCAIN, ROSALIE
Address: 1880 TALLOAK RD
City-St-Zip: MELBOURNE, FL 32935

Title: DT (X) Change () Addition
Name: LARRUSCAIN, THOMAS
Address: 1880 TALLOAK RD
City-St-Zip: MELBOURNE, FL 32935

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: ROSALIE LARRUSCAIN

DPS

03/30/2009

Electronic Signature of Signing Officer or Director

Date