

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000008071

FILED  
Sep 11, 2011  
Secretary of State

**Entity Name:** LONG ISLAND LAWN CARE, INC.

**Current Principal Place of Business:**

5631 VINTAGE VIEW BLVD  
LAKELAND, FL 33812 US

**New Principal Place of Business:**

**Current Mailing Address:**

5631 VINTAGE VIEW BLVD  
LAKELAND, FL 33812 US

**New Mailing Address:**

FEI Number: 26-4136091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOB, MATHEW  
5631 VINTAGE VIEW BLVD  
LAKELAND, FL 33812 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JOB, MATHEW  
Address: 5631 VINTAGE VIEW BLVD  
City-St-Zip: LAKELAND, FL 33812 US

Title: S  
Name: MATHEW, ANNIE  
Address: 5631 VINTAGE VIEW BLVD  
City-St-Zip: LAKELAND, FL 33812 US

I hereby 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 all other like empowered.

SIGNATURE: MATHEW JOB

P

09/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date