

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S74929

FILED  
Feb 22, 2012  
Secretary of State

**Entity Name:** PRO LAWN CARE PLUS, INC.

**Current Principal Place of Business:**

1218 OMAR RD  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

1218 OMAR RD  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

FEI Number: 65-0279256

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALVAREZ, PATRICIA R.  
1705 WOODS BEND RD.  
WEST PALM BEACH, FL 33406 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: PTS  
Name: ALVAREZ, PATRICIA R.  
Address: 1705 WOODS BEND RD.  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: V  
Name: ALVAREZ, REINALDO  
Address: 1601 MARINE DR  
City-St-Zip: WEST PALM BEACH, FL 33409

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: PATRICIA R ALVAREZ

PRES

02/22/2012

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

\_\_\_\_\_ Date