2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000086796

1. Entity Name
GREEN ACRES LAWN CARE, INC.

FILED
06 APR 28 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5695 BATTERSEA AVENUE NORTH PORT, FL 34286	5695 BATTERSEA AVENUE NORTH PORT, FL 34286

04042006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4997 Cromey Rd.	4997 Cromey Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Port, FL	City & State: North Port, FL
Zip: 34288 Country: US	Zip: 34288 Country: US

4. FEI Number: 06-1595771 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHENK, JANICE E 5695 BATTERSEA AVENUE NORTH PORT, FL 34286	Name: Amy E. Via Street Address (P.O. Box Number is Not Acceptable): 4997 Cromey Rd. City: North Port **FL** Zip Code: 34288

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: Amy K Via
Signature, typed or printed name of registered agent and title if applicable: Amy K. Via (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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 SCHENK, JOHN B 5695 BATTERSEA AVENUE NORTH PORT, FL 34286	☒ Delete	Amy K. Via, D,S,T 4997 Cromey Rd. North Port, FL 34288	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIA, JEFFERY A 6972 CROCK AVE NORTH PORT, FL 34286	☒ Delete	Jeffery Via, D,P 4997 Cromey Rd. North Port, FL 34288	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3514	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	500074326075 05/10/06--01009--008 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Jeffery Via
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Jeffery Via, President — Date — Daytime Phone #