

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000038515

Entity Name: CROSSROADS LAWN CARE, INC.

FILED
Jul 03, 2006
Secretary of State

Current Principal Place of Business:

420 PRIMROSE CIR
DESTIN, FL 32541

New Principal Place of Business:

950 DONLEEN STREET
#6
FORT WALTON BEACH, FL 32547

Current Mailing Address:

P O BOX 1232
DESTIN, FL 32540

New Mailing Address:

FEI Number: 20-0743411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, ROBIN FRANCIS
420 PRIMROSE CIR
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

THEDFORD, CAROLYN D
950 DONLEEN STREET
#6
FORT WALTON BEACH, FL 32547 US

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: CAROLYN DIANE THEDFORD

07/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROBERTS, ROBIN FRANCIS
Address: 420 PRIMROSE CIR
City-St-Zip: DESTIN, FL 32541

Title: VP () Delete
Name: HILL, THOMAS G
Address: 8649 LAREDO STREET
City-St-Zip: NAVARRE, FL 32566

Title: T (X) Delete
Name: ROBERTS, LISA PATRICIA
Address: % 420 PRIMROSE CIR
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: THEDFORD, CAROLYN D
Address: 950 DONLEEN STREET #6
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP (X) Change () Addition
Name: THEDFORD, RONALD W
Address: 950 DONLEEN STREET #6
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN DIANE THEDFORD

DP

07/03/2006

Electronic Signature of Signing Officer or Director

Date