

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90035 008 ***150.00

DOCUMENT # P01000014216

1. Entity Name

3D'S LAWN SERVICE, INC.



Principal Place of Business

4377 SPENCER COURT
PACE FL 32571

Mailing Address

4377 SPENCER COURT
PACE FL 32571



2. Principal Place of Business - No P.O. Box #

43776 SPENCER CT

3. Mailing Address

43776 SPENCER CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

PACE FLA

City & State

PACE FLA

4. FEI Number

37-1469114

Applied For

Not Applicable

Zip

32571

Country

Santa Rosa

Zip

32571

Country

Santa Rosa

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, CLAUDENE
4377 SPENCER COURT
PACE FL 32571

7. Name and Address of New Registered Agent

Name: Bates Mc Gowan Jr

Street Address (P.O. Box Number is Not Acceptable)

43776 SPENCER CT

City: PACE

FL

Zip Code: 32571

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

Bates Mc Gowan Jr

Signature, typed or printed name of registered agent and state (if applicable).

NOTE: Registered Agent signature required when rechartering.

1-25-08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DPT
NAME: HALL, CLAUDENE
STREET ADDRESS: 4377 SPENCER COURT
CITY-ST-ZIP: PACE FL 32571 ☐ Delete

TITLE: DS
NAME: HALL, DANNY
STREET ADDRESS: 4377 SPENCER COURT
CITY-ST-ZIP: PACE FL 32571 ☐ Delete

TITLE: DV
NAME: MCGOWAN, BATES JR
STREET ADDRESS: 4376 SPENCER COURT
CITY-ST-ZIP: PACE FL 32571 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Bates Mc Gowan Jr

Bates Mc Gowan Jr

DATE

1-25-08

850 698 5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #