


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90060 029 ***150.00

DOCUMENT # P01000025737 1. Entity Name THE LAWN BUTLER & LANDSCAPING, INC.					
Principal Place of Business 9985 VINEYARD LAKE RD E JACKSONVILLE, FL 32256			Mailing Address 9985 VINEYARD LAKE RD E JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box # 11554 Davis Creek Ct		3. Mailing Address 9838 Old Bryn Meadows Rd			
Suite, Apt. #, etc. Ste 300		Suite, Apt. #, etc. PMB 349			
City & State Jax FL		City & State Jax FL			
Zip 32256		Country USA		Zip 32256	
Country USA		Country USA			
4. FEI Number 59-3714650			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HUTCHENS, JAMES G JR 106 CANAL BLVD PONTEVEDRA BCH, FL 32082			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u><i>[Signature]</i></u> <u><i>Suzzie Douglas</i></u> <small>Signature, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP DOUGLAS, SUZZIE 9985 VINEYARD LAKE ROAD EAST JACKSONVILLE, FL 32256		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES DOUGLAS, ROY L JR 9985 VINEYARD LAKE ROAD EAST JACKSONVILLE, FL 32256		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/20/08</u> Daytime Phone #: <u>9045196563</u>		