

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000082440

Entity Name: B TOTAL LAWN CARE, INC.

Current Principal Place of Business:

2040 HOLLY HAMMOCK RD
DELEON SPRINGS, FL 32130

Current Mailing Address:

PO BOX 1214
DELEON SPRINGS, FL 32130

FEI Number: 51-0436140

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCKENZIE, CHARLENE H
2030 HOLLY HAMMOCK RD
DELEON SPRINGS, FL 32130 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PVT
Name GOEBEL, BRIAN B
Address PO BOX 1214
City-State-Zip: DELEON SPRINGS FL 32130

Title S
Name MALONE, SAMUEL
Address 4724 N TOMOKA DR
City-State-Zip: DELEON SPRINGS FL 32130

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: BRIAN B. GOEBEL

PRESIDENT

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date