

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S74929

**Entity Name:** PRO LAWN CARE PLUS, INC.

**Current Principal Place of Business:**

1218 OMAR RD  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

1218 OMAR RD  
WEST PALM BEACH, FL 33405

**FEI Number:** 65-0279256

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALVAREZ, PATRICIA R.  
1705 WOODS BEND RD.  
WEST PALM BEACH, FL 33406 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            PTS  
Name            ALVAREZ, PATRICIA R.  
Address            1705 WOODS BEND RD.  
City-State-Zip:    WEST PALM BEACH FL 33406

Title            V  
Name            ALVAREZ, REINALDO  
Address            1601 MARINE DR  
City-State-Zip:    WEST PALM BEACH FL 33409

*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:** PATRICIA R ALVAREZ

**PRESIDENT**

**02/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date