

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 697408

Entity Name: VILLAGE LAWN CARE, INC.

FILED
Sep 26, 2007
Secretary of State

Current Principal Place of Business:

816 E ORANGE AVE
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

PO BOX 82112
TAMPA, FL 33682

New Mailing Address:

FEI Number: 59-2127383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMSIANO, WILLIAM P
POB 82112
TAMPA, FL 33682 US

Name and Address of New Registered Agent:

PALMISANO, WILLIAM P
816 EAST ORANGE AVENUE
TAMPA, FL 33613 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: WILLIAM P. PALMISANO, JR.

09/26/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: PALMISANO, WILLIAM P, JR
Address: 816 ORANGE AVE
City-St-Zip: TAMPA, FL 33613

Title: D (X) Delete
Name: AUCOIN, STEVEN L.,
Address: 903 WEST KNOLLWOOD ST.
City-St-Zip: TAMPA, FL 33604,

Title: D (X) Delete
Name: SCHEPPER, MARY BETH
Address: 4206 BURROWS RD
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PALMISANO, WILLIAM P DP
Address: 816 ORANGE AVE
City-St-Zip: TAMPA, FL 33613

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

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM P. PALMISANO, JR.

DP

09/26/2007

Electronic Signature of Signing Officer or Director

Date