

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F05220

1. Entity Name
MR. GOODLAWN, INC.



Principal Place of Business

**121 LESLIE LEWIS RD
HAVANA, FL 32333 US**

Mailing Address

**P.O. BOX 180816
TALLAHASSEE, FL 32318 US**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2245996

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SWAIN, MARK A
121 LESLIE LEWIS RD
HAVANA, FL 32333**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000791761

01/23/08-80091-002 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SWAIN, MARK A
STREET ADDRESS	121 LESLIE LEWIS RD
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	VP
NAME	SWAIN, BETTY
STREET ADDRESS	121 LESLIE LEWIS RD
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	S
NAME	SWAIN, BETTY
STREET ADDRESS	121 LESLIE LEWIS ROAD
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	T
NAME	SWAIN, MARK A
STREET ADDRESS	121 LESLIE LEWIS RD
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Swain
Jan. 18, 2008

Date

850-539-8184

Daytime Phone #