

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12388

Entity Name: LAWN MASTER, INC.

FILED
Mar 18, 2008
Secretary of State

Current Principal Place of Business:

3200 JOHNSON AVE.
P. O. BOX 15470
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

3200 JOHNSON AVE.
P. O. BOX 15470
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-2049647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, JOSEPH R JR
3200 JOHNSON AVE.
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEEKLEY, KENNETH L
Address: 4957 SOUNDSIDE DR
City-St-Zip: GULF BREEZE, FL 32561 US

Title: PD () Delete
Name: WILLIAMS, JOSEPH R JR
Address: 1705 BAKALANE AVE
City-St-Zip: PENSACOLA, FL 32504 US

Title: D (X) Delete
Name: WEEKLEY, WILLIAM R
Address: 13110 THOMPSON RD
City-St-Zip: FAIRFAX, VA 22030 US

Title: VPD () Delete
Name: WILLIAMS, SCOTT B
Address: 3305 WHITELEAF CIR
City-St-Zip: PENSACOLA, FL 32504 US

Title: VPD () Delete
Name: WILLIAMS, JEFFREY L
Address: 750 WOODBINE DR
City-St-Zip: PENSACOLA, FL 32503 US

Title: ST () Delete
Name: WILLIAMS, MARGARET E
Address: 1705 BAKALANE AVE
City-St-Zip: PENSACOLA, FL 32504 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SCOTT WILLIAMS

VP

03/18/2008

Electronic Signature of Signing Officer or Director

Date