

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12388

Entity Name: LAWN MASTER, INC.

FILED
Jan 08, 2011
Secretary of State

Current Principal Place of Business:

3200 JOHNSON AVE.
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

PO 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

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: VPD
Name: WILLIAMS, ANDREW L
Address: 3485 LEMMINGTON RD.
City-St-Zip: PENSACOLA, FL 32514 US

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: JOE R WILLIAMS

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01/08/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date