2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F61222

FILED Feb 29, 2008 Secretary of State

Entity Nan	ne: TLC TOT	AL LAWN CARE INC.					
Current Principal Place of Business:				New Principal Place of Business:			
	OTAL LAWN IDING BLVD 2244 US	CARE					
Current Mailing Address:				New Mailing Address:			
6655 BLAN	OTAL LAWN (IDING BLVD VILLE, FL 322						
FEI Number:	59-2151665	FEI Number Applied For ()	FEI Numb	per Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HAWKINSON, JAMES E. 6655 BLANDING BLVD JAX, FL 32244 US				HAWKINSON, JAMES E 6655 BLANDING BLVD JAX, FL 32244 US			
The above in the State		submits this statement for the	purpose of	changing its regi	stered of	fice or registered agent, or both	,
SIGNATURE: JAMES E. HAWKINSON					02/29/2008		
	Electror	ic Signature of Registered A	gent			Date	•
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () HAWKINSON, 3 844 RIVER RD ORANGE PARK		1 A	Fitle: Name: Address: Dity-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	STD () HAWKINSON, F 1214 SALT MAI ORANGE PARK	RSH LN	N #	Fitle: Name: Address: City-St-Zip:	()	Change () Addition	

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: JAMES E. HAWKINSON PD 02/29/2008