

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G11304

Entity Name: BLU LANDCARE, INC.

FILED  
Apr 13, 2009  
Secretary of State

## Current Principal Place of Business:

9421 N EDISON AVE  
TAMPA, FL 33612

## New Principal Place of Business:

9421 N EDISON AVE  
TAMPA, FL 33612 US

## Current Mailing Address:

9421 N EDISON AVE  
TAMPA, FL 33612

## New Mailing Address:

9421 N EDISON AVE  
TAMPA, FL 33612 US

FEI Number: 59-2238522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARSONS, MARK A  
9421 N EDISON AVE  
TAMPA, FL 33612 US

## Name and Address of New Registered Agent:

PARSONS, MARK A P  
9421 N EDISON AVE  
TAMPA, FL 33612 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: MARK A PARSONS

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PARSONS, MARK  
Address: 9421 N. EDISON AVE.  
City-St-Zip: TAMPA, FL 00000,

Title: VT ( ) Delete  
Name: PARSONS, SHIRLEY E.  
Address: 9421 N EDISON AVE  
City-St-Zip: TAMPA, FL 00000,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PARSONS, MARK A  
Address: 9421 N. EDISON AVE.  
City-St-Zip: TAMPA, FL 33612 US

Title: VT (X) Change ( ) Addition  
Name: PARSONS, SHIRLEY E VT  
Address: 9421 N EDISON AVE  
City-St-Zip: TAMPA, FL 33612 US

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: MARK A. PARSONS

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date