

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H29300

FILED
Apr 30, 2008
Secretary of State

Entity Name: CHARLOTTE COUNTY MOWING SERVICES, INC.

Current Principal Place of Business:

1133 BAL HARBOR BLVD.
SUITE 1135
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

PO BOX 511249
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 59-2472958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCQUEEN, ROBERT N
1133 BAL HARBOR BLVD.
SUITE 1135
PUNTA GORDA, FL 33950 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: PSDT () Delete
Name: MCQUEEN, ROBERT N.,
Address: 28034 SHORE DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSDT (X) Change () Addition
Name: MCQUEEN, ROBERT N.,
Address: 26034 SHORE DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP () Change (X) Addition
Name: MCQUEEN, PAULA F
Address: 26034 SHORE DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

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: PAULA F. MCQUEEN

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date