

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H52098

FILED  
May 08, 2007  
Secretary of State

Entity Name: LAWNSCAPE SYSTEMS, INCORPORATED

## Current Principal Place of Business:

455 TRESCA RD.  
JACKSONVILLE, FL 32225 US

## New Principal Place of Business:

445 TRESCA RD., SUITE #404  
JACKSONVILLE, FL 32225 US

## Current Mailing Address:

455 TRESCA RD.  
PO BOX 350247  
JACKSONVILLE, FL 322350247 US

## New Mailing Address:

445 TRESCA RD., SUITE #404  
PO BOX 350247  
JACKSONVILLE, FL 322350247 US

FEI Number: 59-2529240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LEMBCKE, CHARLES B.  
1 INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: PATTERSON, WILLIAM C., JR.  
Address: 1562 HOLLY OAKS LAKE RD EAST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: PATTERSON, WILLIAM C., JR.  
Address: 1562 HOLLYOAKS LAKE RD EAST  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM C. PATTERSON, JR

PST

05/08/2007

Electronic Signature of Signing Officer or Director

Date