

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J23883

FILED
Aug 19, 2009
Secretary of State**Entity Name:** DUFFY'S TOTAL CARE LAWN SERVICE, INC.**Current Principal Place of Business:**10190 52ND PLACE S
LAKE WORTH, FL 33449 US**New Principal Place of Business:****Current Mailing Address:**10190 52ND PLACE S
LAKE WORTH, FL 33449 US**New Mailing Address:****FEI Number:** 59-2752441 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BRIAN DUFFY
10190 52ND PLACE SOUTH
LAKE WORTH, FL 33449 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:** VPD () Delete
Name: DUFFY, BRIAN
Address: 10190 52ND PLACE SOUTH
City-St-Zip: LAKE WORTH, FL 33449**Title:** S () Delete
Name: ROE, MARK
Address: 642 OAK STREET
City-St-Zip: BOYNTON BEACH, FL 33435**Title:** PD () Delete
Name: DUFFY, SHERRY A.
Address: 10190 52ND PLACE SOUTH
City-St-Zip: LAKE WORTH, FL 33449**Title:** T () Delete
Name: DUFFY, CAROLYN M
Address: 4949 SOUTHARD ST
City-St-Zip: LAKE WORTH, FL 33463**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T (X) Change () Addition
Name: ROE, MARK
Address: 642 OAK STREET
City-St-Zip: BOYNTON BEACH, FL 33435**Title:** S (X) Change () Addition
Name: GEDDES, MICHAEL A
Address: 4949 SOUTHARD STREET
City-St-Zip: LAKE WORTH, FL 33463**Title:** PD (X) Change () Addition
Name: DUFFY, CAROLYN M
Address: 4949 SOUTHARD ST
City-St-Zip: LAKE WORTH, FL 33463

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: CAROLYN DUFFY

PD

08/19/2009

Electronic Signature of Signing Officer or Director

Date