## 2008 FOR PROFIT CORPORATION

## **FILED** Jan 28, 2008 08:00 AM te

ANNUAL REPORT				Secretary of Sta
1. Entity Nam				Secretary of Sta
U-NEK L	AWN SERVICE, INC.			
Principal Plac	e of Business	Mailing Address	<u> </u>	
	I SERVICE INC Egate avenue	5501 CASTLEGATE AVE DAVIE, FL 33331-3233 US		
DAVIE, FL 3		511112, 1 E 00001 0200 00		
				01182008 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE				4. FEI Number Applied For
_				59-2807343 Not Applicable
				5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		the second secon
NORWOOD, CLINTON 5501 CASTLEGATE AVENUE				DO NOT WRITE
SUITE 202			8.	IN THIS SPACE
DAVIE, FL 33331				IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept				
the obligations of registered agent.				
SIGNATURE				
FILE NOWIII FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be After May 1 2008 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees				
Ritor may 1, 2000 1 00 Will bo \$000100				ed to Fees
10.	OFFICERS AND DI	RECTORS	- to the	
NAME	NORWOOD, CLINTON			
STREET ADDRESS CITY-ST-ZIP	5501 CASTLEGATE AVE DAVIE, FL			
TITLE				000000800243 01/31/08-80009-024 150.00
NAME STREET ADDRESS			<b>1</b>	01/31/08-88009-824 150.00
CITY-ST-ZIP				
NAME				
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE				IN THIS SPACE
NAME STREET ADDRESS				
CITY-ST-ZIP			<b>.</b> '	
TITLE NAME			,	
STREET ADDRESS CITY-ST-ZIP			şı .	
TITLE			,	
NAME STREET ADDRESS			1	and the state of t

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLINTON NORWOOD & SIGNATURE AND TYPED OR PRINTED NAME OF B