


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 A
Secretary of State

DOCUMENT # J87292
 1. Entity Name
PRO-LAWN OF HIGHLANDS, INC.



Principal Place of Business
3121 LAKEVIEW DR
SEBRING, FL 33870 US

Mailing Address
P.O. BOX 1471
SEBRING, FL 33871 US



03242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2841536 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RHOADES, CLIFFORD R.
2141 LAKEVIEW DR
SEBRING, FL 33870

DO NOT WRITE 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000872755
 04/10/08 80051 017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELCHER, MARTHA N 3121 LAKEVIEW DR. SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELCHER, AARON E 3121 LAKE VIEW DR. SEBRING, FL 33870
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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: *Martha Belcher* **MARTHA BELCHER** **President** **03/25/08** **382-7797**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #