

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# K09823

**FILED**  
**Jan 08, 2013**  
**Secretary of State**

**Entity Name:** WEED WHACKERS LAWN CARE, INC.

**Current Principal Place of Business:**

2321 NE 39TH ST  
OCALA, FL 34479 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2784  
OCALA, FL 34478 US

**New Mailing Address:**

**FEI Number:** 59-2865009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAW, JOHN JR  
2321 NE 39TH ST  
OCALA, FL 34479 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:** JOHN SHAW JR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** MR  
**Name:** SHAW, JOHN JR  
**Address:** 2321 NE 39TH ST  
**City-St-Zip:** Ocala, FL 34479

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN SHAW JR.

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR.

01/08/2013

\_\_\_\_\_  
Date