


# FOR PROFIT CORPORATION ANNUAL REPORT

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 22 AM 10:59

DOCUMENT # <b>K15728</b>	
1. Name <b>Eddy's Lawn Care, Inc.</b>	

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2. Principal Place of Business - No P.O. Box # <b>4755 Anton Avenue</b>	3. Mailing Address <b>PO Box 524</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (5/07)

City & State <b>Apopka, Fl.</b>	City & State <b>Apopka, Fl.</b>	4. FEI Number <b>K 15728</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32712</b>	Country <b>Orange</b>	Zip <b>32704</b>	Country <b>Orange</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

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## 7. Name and Address of Current Registered Agent

Name <b>Edward L. Carr</b>
Street Address (P.O. Box Number is Not Acceptable) <b>4744 Anton Avenue</b>
City <b>Apopka,</b>
State <b>FL</b>
Zip Code <b>32712</b>

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 *Edward Carr* *Edward Carr* *4/16/08*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees <b>000128776350</b> <b>05/07/08 01041 004 **150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Edward Carr</b> <b>4755 Anton Avenue</b> <b>Apopka, Fl. 32712</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward Carr* *4/16/08* *4078897477*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #