FILED 7 08:00 AM v of State

> Applied For Not Applicable

2007 FOR PROFIT ANNUAL I	Mar 14, 2007 08:0			
DOCUMENT # K44382] 'S	ecretary of Sta
G & G LAWN MAINTENANCE, INC.				
Principal Place of Business 13778 CR 209	Mailing Address	<u></u>	-	
OXFORD, FL 34484	13778 CR 209 OXFORD, FL 34484			
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			. CROUNTAL BILL BLAUL WINDOW CHINE HALLO III	I BIMIT BINIT BIRIT BIMIT BINIT BEGINDAT II TANE
DO NOT WRITE	NI TINO ODA	~ =	03092007 No Chg-P	CR2E034 (11/05)
DO NOT WRITE	IN THIS SPA	CE	4. FEI Number 59-2921349	Applied For Not Applicable
		, ,	5. Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current Reg	Istered Agent			
GREGORY, DARRYL 13778 CR 209		.,	DO NOT W	RITE
PO BOX 129 OXFORD, FL 34484		IN THIS SPACE		
				•
The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its registere	ed office or register	red agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE	h destable was			
Signature, typed or printed name of registered agent and tit	io il applicadio, (NOTE: Registere	d Agent signatura required	a when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees	
10. OFFICERS AND DIRE	CTORS	,		

10.		OFFICERS AND DIRECTORS
TITLE	D	

GREGORY, DARRYL

OXFORD, FL 34484

PO BOX 129

03/23/07-8006S-001 .150.00

DO NOT WRITE IN THIS SPACE

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 charged, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

352-303-0854