2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # K59793 1. Entity Name **FILED** R. & G LAWN SERVICE, INC. Jul 24, 2008 08:00 AM **Secretary of State** Principal Place of Business Mailing Address 3028 UNION ST N PO BOX 12831 SAINT PETERSBURG FL 33713 ST PETERSBURG FL 33733 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/07) 1st MOORE City & State City & State Applied For 4. FEI Number 59-2925333 Not Applicable Zıp Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNG, ROGER Street Address (P.O. Box Number is Not Acceptable) 3028 UNION ST N ST. PETERSBURG FL 33713 City Zip Code 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 _ Signature, typed or printed name of registered agent and title 4 emplicable (NOTE: Registried Agent eigenture required when reliestating) DATE FILE NOW!!! 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 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PVST ☐ Delete TITLE Change Addition TITLE NAME YOUNG, ROGER NAME U00000956225 07/24/08-80004-004 550.00 STREET ADDRESS 3028 UNION ST N STREET ADDRESS ST PETE FL CITY-ST-ZIP CITY-ST-ZIP □ Change ■ Addition TITLE Defete TITLE NAME HAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY-ST-7P Change Addition TITLE Delete TITLE MAME MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-SI-ZIP ☐ Change TITLE Delete TITLE ■ Addition NAM: IMAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIDE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attackment with an address, with all other like empowered.

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAMEON SIGNING OFFICER OR DIRECTOR DAYLOR FOR PRINTED NAMEON SIGNING OFFICER OR DAYLOR FOR PRIN