

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K76981

1. Entity Name
B & M LAWN SERVICE & LANDSCAPING, INC.



**FILED
Jan 12, 2007 8:00 am
Secretary of State**

01-12-2007 90021 001 ***300.00

Principal Place of Business
**% MILTON C. ELLERSON
3230 N.W. 18TH STREET
FT. LAUDERDALE, FL 33311-4310**

Mailing Address
**% MILTON C. ELLERSON
3230 N.W. 18TH STREET
FT. LAUDERDALE, FL 33311-4310**

DO NOT WRITE IN THIS SPACE

66000054

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0111093	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ELLERSON, MILTON C.
3230 N.W. 18TH STREET
FT. LAUDERDALE, FL 33311**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE P
NAME ELLERSON, BERLINE
STREET ADDRESS 3230 N.W. 18TH STREET
CITY-ST-ZIP FT. LAUDERDALE, FL 33311**

**TITLE V
NAME ELLERSON, MILTON
STREET ADDRESS 3230 N.W. 18TH STREET
CITY-ST-ZIP FT. LAUDERDALE, FL 33311**

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

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

SIGNATURE: *Milton C. Ellerson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07 *954-438-0728*
Date Daytime Phone #