

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # K78366
 1. Entity Name
 HAPPY LAWN CARE, INC.



Principal Place of Business 835 CHRISTINA CR OLDSMAR, FL 34677 US	Mailing Address 835 CHRISTINA CR OLDSMAR, FL 34677 US
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DO NOT WRITE IN THIS SPACE



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2944855	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 BASKIN, H. H., JR.
 703 COURT STREET
 CLEARWATER, FL 34616

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMON, GERNOT H. 835 CHRISTINA CR OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIMON, COLLEEN M. 835 CHRISTINA CR OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/23/08-80060-009 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 81385A-2136
 Date Daytime Phone #