

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K95668

FILED
Apr 28, 2009
Secretary of State

Entity Name: MASTERPIECE LAWN CREATIONS, INC.

Current Principal Place of Business:

365-N HART ROAD
GENEVA, FL 32732

New Principal Place of Business:

295 N HART RD
GENEVA, FL 32732 US

Current Mailing Address:

P.O. BOX 1044
GENEVA, FL 32732

New Mailing Address:

P.O. BOX 1044
GENEVA, FL 32732 US

FEI Number: 59-2952864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, JAMES R.
365 N. HART RD.
GENEVA, FL 32732 US

Name and Address of New Registered Agent:

LINDA L JACOBS
295 N HART RD
GENEVA, FL 32732 US

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.

SIGNATURE: LINDA L JACOBS

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JACOBS, JR. JAMES R.
Address: P.O. BOX 886 1761 OLD 100 ROAD
City-St-Zip: GENEVA, FL

Title: D () Delete
Name: JACOBS, LINDA
Address: 365 N. HART ROAD
City-St-Zip: GENEVA, FL

Title: D () Delete
Name: JACOBS, JAMIE
Address: 365 N. HART ROAD
City-St-Zip: GENEVA, FL

Title: P (X) Delete
Name: JACOBS, JAMES R
Address: P.O BOX 1044-365 N HART RD.
City-St-Zip: GENEVA, FL 32732

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JACOBS, JAMES R JR
Address: P.O. BOX 886 1761 OLD 100 ROAD
City-St-Zip: GENEVA, FL 32732 US

Title: D (X) Change () Addition
Name: JACOBS, JAMIE L
Address: 295 N HART RD
City-St-Zip: GENEVA, FL 32732 US

Title: P (X) Change () Addition
Name: JACOBS, LINDA L MRS
Address: 295 N HART RD
City-St-Zip: GENEVA, FL 32732 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA L JACOBS

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date