

#150

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L07886</b> 1. Entity Name SCOTTY'S LAWN CARE, INC.	
--	---

Principal Place of Business 22061 WEST TREE DR. ESTERO, FL 33928	Mailing Address 22061 WEST TREE DR. ESTERO, FL 33928
--	--

**DO NOT WRITE IN THIS SPACE**



07302008 No Chg-P CR2E034 (11/05)

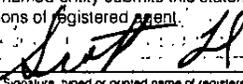
4. FEI Number 65-0605503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LEIB, SCOTT E.  
22061 WEST TREE DRIVE  
ESTERO, FL 33928

**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:  DATE: \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

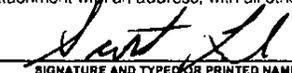
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEIB, SCOTT E. 22061 WEST TREE DR. ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000956937  
08/04/08-80001-023 150.00

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

SIGNATURE:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR