2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L55570

Entity Name: A & M GROUNDSKEEPERS, INC.

Current Principal Place of Business:

6242 TROPICAIRE BLVD
NORTH PORT, FL 34287

New Principal Place of Business:

6242 TROPICAIRE BLVD
NORTH PORT, FL 34291

Current Mailing Address:

P O BOX 380924
MURDOCK, FL 339387924

New Mailing Address:

FEI Number: 65-0182937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUSZKAR, MARIANN
6242 TROPICAIRE BLVD
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PUSZKAR MARIANN
Address: 6242 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL

Title: D ( ) Delete
Name: PUSZKAR ANDREW
Address: 6242 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARIANN PUSZKAR SECT 04/20/2009

Electronic Signature of Signing Officer or Director Date