

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M56125

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** FOUR SEASON LAWN SERVICE INC.

**Current Principal Place of Business:**

809 NE 5 AVENUE  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

809 NE 5 AVENUE  
POMPANO BEACH, FL 33060

**New Mailing Address:**

**FEI Number:** 65-0005191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SILVA, ANTONIO CARLOS  
809 NE 5 AVE  
POMPANO BEACH, FL 33060 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SILVA, ANTONIO CARLOS  
Address: 809 NE 5 AVE.  
City-St-Zip: POMPANO BEACH, FL

I hereby 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 all other like empowered.

SIGNATURE: ANTONIO CARLOS SILVA

PD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date