

**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90030 028 \*\*\*150.00



**DOCUMENT # M94179**  
 1. Entity Name  
**GEORGE'S LAWN CARE, INC.**

Principal Place of Business Mailing Address  
**C/O GEORGE J. ROTHGERY** **C/O GEORGE J. ROTHGERY**  
**10404 ISLANDER DR.** **10404 ISLANDER DR.**  
**BOCA RATON FL 33498** **BOCA RATON FL 33498**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State  
 Zip Country Zip Country

4. FEI Number **NO-T APPLICABLE** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROTHGERY, GEORGE J. — DELETE**  
**10404 ISLANDER DR.**  
**BOCA RATON FL 33498**

7. Name and Address of New Registered Agent  
 Name **MARILYN P ROTHGERY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10404 ISLANDER DRIVE**  
 City **BOCA RATON** **FL** Zip Code **33498**

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 *Marilyn Rothgery* DATE **3/16/08**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ROTHGERY, GEORGE J.
STREET ADDRESS	10404 ISLANDER DR.
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> Delete
NAME	ROTHGERY, MARILYN P.
STREET ADDRESS	10404 ISLANDER DR.
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT - DIRECTOR</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAMES ROTHGERY</b>
STREET ADDRESS	<b>17754 HOLLYBROOK WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Marilyn P. Rothgery* DATE: **4/1/08** PHONE: **561-487-6912**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR