

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000023019

FILED
Mar 21, 2009
Secretary of State

Entity Name: SOUTHWEST LAWN & SHRUB CARE, INC.

Current Principal Place of Business:

5170 HARBORAGE DRIVE
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

C/O JOHN M WICKER, P.A.
P.O. DRAWER 60205
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 65-0987438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKER P.A., JOHN M
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS, FL 33907 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: JOHN M. WICKER

03/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STALVEY, RICK
Address: 5170 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: DVP () Delete
Name: STALVEY, MARY
Address: 5170 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: ST (X) Delete
Name: STALVEY, MARY
Address: 5170 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: STALVEY, RICK
Address: 5170 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: DVST (X) Change () Addition
Name: STALVEY, MARY
Address: 5170 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL 33908

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: RICK STALVEY

DP

03/21/2009

Electronic Signature of Signing Officer or Director

Date