

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000023019

FILED  
Apr 26, 2012  
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:**

5781 LEE BOULEVARD  
SUITE 208-104  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

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

**New Mailing Address:**

5781 LEE BOULEVARD  
SUITE 208-104  
LEHIGH ACRES, FL 33971

**FEI Number:** 65-0987438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WICKER, JOHN M  
12670 NEW BRITTANY BLVD.  
SUITE 101  
FORT MYERS, FL 33907 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: DPST  
Name: STALVEY, RICK  
Address: 2090 W 1ST STREET, UNIT 1405  
City-St-Zip: FORT MYERS, FL 33901

Title: VP  
Name: STALVEY, RICK JR.  
Address: 5781 LEE BOULEVARD, SUITE 208-104  
City-St-Zip: LEHIGH ACRES, FL 33971

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: RICK STALVEY

DPST

04/26/2012

Electronic Signature of Signing Officer or Director

Date