2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachmen

SIGNATURE:

FILED Feb 04, 2008 08:00 AN DOCUMENT # P00000025885 1. Ectity Name **Secretary of State** AUSTIN'S CLASSIC LAWN & LANDSCAPING, INC. Principal Place of Business Mailing Address 3436 INDIAN CREEK BLVD. 3436 INDIAN CREEK BLVD. JACKSONVILLE FL 32259 JACKSONVILLE FL 32259 2. Principal Place of Business - No P.O. Box # 3. Ma'ling Addrass Suite, Apt. #, etc. Soite, Apt. #, etc. 1st MOORE CR2E034 (10/07)-City & State City & State 4. FEI Number Applied For 59-3629915 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHORTRIDGE, CHARLES A Street Address (P.O. Box Number is Not Acceptable) 3436 INDIAN CREEK BLVD. JACKSONVILLE FL 32259 City Zip Code 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. Lam familiar with, and accept the obligations of registered agent. Sonature, typed or maned hanns of registered report at (NOTE: Redistried Agent signature required when reinstrating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Derete TITLE Change Addition SHORTRIDGE, CHARLES A NAME NAME U00000814853 02/13/08-80059-022 150.00 STREET ADDRESS 3436 INDIAN CREEK BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 CITY-ST-ZIP TITLE De:ete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY - ST - ZIP TELL ☐ De-ete THLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Derete TILLE THE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-SI-ZIP TITLE ☐ Derete TITLE ☐ Change Addition MAME TMAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Derete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information Thereby definy that the information supplied with his hing does not quality or the exemptions contained in occurrent in from a steelies. There is a contained in occurrent indicated on this report or supplemental report is true and accurate and thy 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.

ka empowered

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