

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000034381

FILED  
Apr 02, 2008  
Secretary of State

**Entity Name:** THE LAWN RANGER OF ST. AUGUSTINE PEST CONTROL, INC.

**Current Principal Place of Business:**

1660 STATE ROAD 16  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

1660 STATE ROAD 16  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 59-3635974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FURNAL, AUDRANA  
1660 STATE ROAD 16  
ST AUGUSTINE, FL 32084 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FURNAL, DAVID  
Address: 8507 CROSSWINDS DR  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: T ( ) Delete  
Name: FURNAL, AUDRANA  
Address: 8507 CROSSWINDS DR  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: S ( ) Delete  
Name: STRATTON, DARLENE  
Address: 955 FRANCIS STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP ( ) Delete  
Name: STRATTON, STUART  
Address: 955 FRANCIS STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: STRATTON, DARLENE  
Address: 9910 WEST DEEP CREEK BLVD  
City-St-Zip: HASTINGS, FL 32145

Title: VP (X) Change ( ) Addition  
Name: STRATTON, STUART  
Address: 9910 WEST DEEP CREEK  
City-St-Zip: HASTINGS, FL 32145

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:** AUDRANA FURNAL

T

04/02/2008

Electronic Signature of Signing Officer or Director

Date