

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000051759

1. Entity Name
LIVE OAK LANDSCAPE AND LAWN SERVICE, INC.



Principal Place of Business 1921 MONTEGO CT. OLDSMAR FL 34677	Mailing Address 1921 MONTEGO CT. OLDSMAR FL 34677
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
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Suite, Apt. #, etc	Suite, Apt. #, etc	
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1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number 59-3658893
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Applied For
Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORLEY, RUSSELL H
1921 MONTEGO CT.
OLDSMAR FL 34677

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

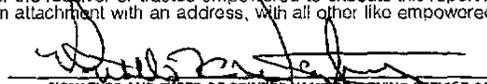
TITLE	NAME	Delete
D	WORLEY, RUSSELL H 1921 MONTEGO CT. OLDSMAR FL 34677	<input type="checkbox"/>
D	WORLEY, LOUISA M 1921 MONTEGO CT. OLDSMAR FL 34677	<input type="checkbox"/>
		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	Change	Addition
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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05/08/07-80052-018 150.00

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:  (Russell H. Worley) 4/15/07 813-855-9920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR