2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000053638

1. Entity Name
TENDER LAWN CARE, INC.



FILED Feb 01, 2007 08:00 AM Secretary of State

Principal Place of Business

3880 NW 97 AVE HOLLYWOOD, FL 33024 Mailing Address

3880 NW 97 AVE HOLLYWOOD, FL 33024



DO NOT WRITE IN THIS SPACE

01232007 No Chg-P CR2E034 (11/05)

4. FEI Number

Applied For

65-1020838

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THAYER, BRIAN M 3880 NW 97 AVE HOLLYWOOD, FL 33024

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE Brian Thayer Brian Thayer 1-23-07 Signature, typed or printed name of registered against and able if applicable (NOTE Registered Again signature) trequired when reinstating) DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U00000615439 02/06/07-80071-009	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D THAYER, JACQUELINE S 3880 NW 97 AVE HOLLYWOOD, FL 33024	PTORS				·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THAYER, BRIAN M 3880 NW 97 AVE HOLLYWOOD, FL 33024		,			ļ
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· •			

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 rustee 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:

NAME STREET ADDRESS CITY-ST-ZIP

DNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

/-22-07

9545200100

Date

Daytime Phone #