# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Feb 26, 2008**
**Secretary of State**

DOCUMENT# P00000057068

**Entity Name:** EVERGREEN LAWN CARE OF JACKSONVILLE, FLORIDA , INC.

**Current Principal Place of Business:**

13922 TIFFANY PINES CIRCLE S.
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

3032 HUCKLEBERRY LANE
JACKSONVILLE, FL 32226

**Current Mailing Address:**

13922 TIFFANY PINES CIRCLE S.
JACKSONVILLE, FL 32225

**New Mailing Address:**

3032 HUCKLEBERRY LANE
JACKSONVILLE, FL 32226

**FEI Number: 59-3648433** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ACKERMAN, THOMAS
13922 TIFFANY PINES CIRCLE S.
JACKSONVILLE, FL 32225 US

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

ACKERMAN, THOMAS
3032 HUCKLEBERRY LANE
JACKSONVILLE, FL 32226 US

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: THOMAS ACKERMAN 02/26/2008
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: ACKERMAN, THOMAS
Address: 13922 TIFFANY PINES CIRCLE S.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: ACKERMAN, PENNY
Address: 13922 TIFFANY PINES CIRCLE S.
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: D (X) Change ( ) Addition
Name: ACKERMAN, THOMAS
Address: 3032 HUCKLEBERRY LANE
City-St-Zip: JACKSONVILLE, FL 32226

Title: D (X) Change ( ) Addition
Name: ACKERMAN, PENNY
Address: 3032 HUCKLEBERRY LANE
City-St-Zip: JACKSONVILLE, FL 32226

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: THOMAS ACKERMAN OWNE 02/26/2008
Electronic Signature of Signing Officer or Director Date