


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P0000060943	
1. Entity Name AFFORDABLE LAWN & TREE SERVICES, INC.	

Principal Place of Business 4428 BURBANK AVE. SARASOTA, FL 34231	Mailing Address 4428 BURBANK AVE. SARASOTA, FL 34231
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DO NOT WRITE IN THIS SPACE



05202008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1072449	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MAVRIKAS, NICK 4421 BURBANK AVE. SARASOTA, FL 34231	DO NOT WRITE IN THIS SPACE
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 renewing) DATE _____

FILE NOW!!! FEE IS \$50.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAVRIKAS, NICK 4428 BURBANK AVE. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAVRIKAS, RICK 4428 BURBANK AVE. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAVRIKAS, NANCY 4428 BURBANK AVE. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAVRIKAS, ROSALIE 4428 BURBANK AVE. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 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: Nancy E. Meares 5-1-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #