2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000080849

Entity Name
 SEANS LAWN & SHRUB, INC.



FILED Mar 28, 2007 08:00 AM Secretary of State

Principal Place of Business

P.O. BOX 263 OZONA, FL 34660 Mailing Address

P.O. BOX 263 OZONA, FL 34660



DO NOT WRITE IN THIS SPACE

02272007 N

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3665398

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PREMO, SEAN 313 RIDGE RD. OZONA, FL 34660

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			inancing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PREMO, SEAN 313 RIDGE ROAD OZONA, FL 34660	•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000680972 04/04/07-00022-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 trusted 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-07

127*-742-4923*

Daytime Phone