

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000084849

Entity Name: U.S.A. LAWNS INC

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

3223 COUNTY LINE ROAD EAST
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

PO BOX 4688
CLEARWATER, FL 33758

New Mailing Address:

FEI Number: 59-3667914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCIANDRA, JAMES V VP
1680 LONG BOW LANE
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSE, REINALDO J
Address: 9267 51 ST N
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: VP () Delete
Name: SCIANDRA, JAMES V VP
Address: 1680 LONG BOW LANE
City-St-Zip: CLEARWATER, FL 33764 US

Title: S () Delete
Name: FULLMER, JUSTIN S
Address: 18908 QUARRY BADGER ROAD
City-St-Zip: LAND O LAKES, FL 34638 US

Title: T () Delete
Name: SCIANDRA, FRANK A
Address: 9212 42ND STREET
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: P () Delete
Name: HERNAN, CHARLENE L
Address: 1671 JEFFORDS STREET
City-St-Zip: CLEARWATER, FL 33756 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES V SCIANDRA

VP

01/22/2009

Electronic Signature of Signing Officer or Director

Date