



2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000086796 1. Entity Name GREEN ACRES LAWN CARE, INC.						FILED 06 APR 28 PM 3:11 DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5695 BATTERSEA AVENUE NORTH PORT, FL 34286				Mailing Address 5695 BATTERSEA AVENUE NORTH PORT, FL 34286			
2. Principal Place of Business 4997 Cromey Rd. Suite, Apt. #, etc.		3. Mailing Address 4997 Cromey Rd. Suite, Apt. #, etc.					
City & State North Port, FL Zip 34288 Country US		City & State North Port, FL Zip 34288 Country US		4. FEI Number 06-1595771		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04042006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent SCHENK, JANICE E 5695 BATTERSEA AVENUE NORTH PORT, FL 34286				7. Name and Address of New Registered Agent Name Amy E. Via Street Address (P.O. Box Number is Not Acceptable) 4997 Cromey Rd. City North Port FL Zip Code 34288			
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 <u><i>Amy E. Via</i></u> <small>Signature, typed or printed name, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHENK, JOHN B 5695 BATTERSEA AVENUE NORTH PORT, FL 34286 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amy K. Via, D,S,T 4997 Cromey Rd. North Port, FL 34288 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIA, JEFFERY A 6972 CROCK AVE NORTH PORT, FL 34286 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeffery Via, D,P 4997 Cromey Rd. North Port, FL 34288 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Jeffery Via</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
Date				Daytime Phone #			