

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000019055

**Entity Name:** PAUL'S LAWN & ORNAMENTAL HEALTH CARE, INC.

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

201 REX COURT  
PALM SPRINGS, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

201 REX COURT  
PALM SPRINGS, FL 33461

**New Mailing Address:**

FEI Number: 65-1083123      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BRINKMAN, PAUL  
201 REX COURT  
PALM SPRINGS, FL 33461      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

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: BRINKMAN, PAUL  
Address: 201 REX COURT  
City-St-Zip: PALM SPRINGS, FL 33461

Title: DVS  
Name: BRINKMAN, JONI  
Address: 201 REX COURT  
City-St-Zip: PALM SPRINGS, FL 33461

I hereby 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 all other like empowered.

SIGNATURE: PAUL BRINKMAN

Electronic Signature of Signing Officer or Director

DPT

02/16/2011

Date