

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000038080

1. Entity Name

JUSTIN'S SUPERIOR LAWN CARE CO.



Principal Place of Business

**10414 CHARLTON CIRCLE
ORLANDO FL 32832**

Mailing Address

**10414 CHARLTON CIRCLE
ORLANDO FL 32832**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-3712082**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TILLEY, MICHAEL R
2000 GLADES RD, SUITE 208
BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 (only if 6.1 is applicable) DATE _____
(If NOT Registered Agent signature, separate in which to indicate)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P JUSTIN, GREEN**
STREET ADDRESS **13436 PALOMA DR**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **000000857045**
CITY-ST-ZIP **03/28/08-80037-001 150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08

407 929 7610

Date

Daytime Phone #