


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90032 028 \*\*\*150.00

<b>DOCUMENT # P01000055469</b> 1. Entity Name <b>ENNIS LAWN CARE, INC.</b>	
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Principal Place of Business <del>2225 AARON DRIVE</del> <del>GREEN COVE SPRINGS, FL 32043</del> <b>4422 Industrial Park Rd. Unit 3</b> <b>Green Cove Springs, FL 32043</b>	Mailing Address PO BOX 866 GREEN COVE SPRINGS, FL 32043-0866 <b>Spring.</b>
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**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3726419</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  ENNIS, CLIFFORD L III <del>2225 AARON DRIVE</del> <b>4422 Industrial Park Rd. Unit 3</b> GREEN COVE SPRINGS, FL 32043
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**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ENNIS, CLIFFORD L III <del>2225 AARON DRIVE</del> <b>4422 Industrial Park Rd.</b> <del>GREEN COVE, FL 32043</del> <b>Spring, FL 32043 Unit 3</b>
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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 another like empowered.

SIGNATURE:  **1/28/08** **904-282-8134**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #