

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000078865

FILED
May 01, 2008
Secretary of State

Entity Name: SAMPSON LAWN MAINTENANCE, INC.

Current Principal Place of Business:

2729 CHADDSFORD CIR APT 103
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

P O BOX 780640
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 59-3737046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORPE, LYSANDER
6327 PINEY GLEN LANE
ORLANDO, FL 32819 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SAMPSON, TORREY D
Address: P O BOX 780640
City-St-Zip: ORLANDO, FL 32878

Title: TREA () Delete
Name: WALKER, COURTNEY
Address: P O BOX 780640
City-St-Zip: ORLANDO, FL 32878 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TORREY SAMPSON

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

Date