2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000095306

1. Entity Name

A-1 PREFERRED LAWN MAINTENANCE, INCORPORATED



FILED Jan 11, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2419 U.S. HWY 301 NORTH BALDWIN, FL 32234 2419 U.S. HWY 301 NORTH BALDWIN, FL 32234



DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3751380

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRINGLE, TERESA A 2419 U.S. HWY 301 NORTH BALDWIN, FL 32234

SIGNATURE:

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						
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees		
10.	0. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRINGLE, DAVID W 2419 U.S. HWY 301 NORTH BALDWIN, FL 32234				U00000781204 01/15/08-80025-004 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRINGLE, TERESA A 2419 U.S. HWY 301 NORTH BALDWIN, FL 32234	·				
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP		-		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 flustee 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.						