

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000116539

FILED
Aug 20, 2007
Secretary of State

Entity Name: ADVANCED LAWN AND PEST MANAGEMENT, INC

Current Principal Place of Business:

5880 BUCKEYE LN
GRANT, FL 32949

New Principal Place of Business:

Current Mailing Address:

5880 BUCKEYE LN
GRANT, FL 32949

New Mailing Address:

FEI Number: 59-3759914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURCHINAL, JOHN R
5880 BUCKEYE LN
GRANT, FL 32949 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: P () Delete
Name: BURCHINAL, JOHN R
Address: 5880 BUCKEYE LN.
City-St-Zip: GRANT, FL 32949 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: BURCHINAL, KATHRYN S
Address: 5880 BUCKEYE LN.
City-St-Zip: GRANT, FL 32949

Title: DIR () Change (X) Addition
Name: BURCHINAL, JOHN M
Address: 5880 BUCKEYE LN.
City-St-Zip: GRANT, FL 32949

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: JOHN BURCHINAL

P

08/20/2007

Electronic Signature of Signing Officer or Director

Date