

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000000302	
1. Entity Name MOSLEY LAWN CARE, INC.	

Principal Place of Business 48473 BERMONT ROAD PUNTA GORDA, FL 33982	Mailing Address 48473 BERMONT ROAD PUNTA GORDA, FL 33982
--	--



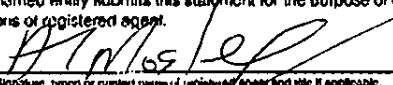
04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FFI Number 80-0002914	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARLEY, ALBERT T 48473 BERMONT ROAD PUNTA GORDA, FL 33982	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.

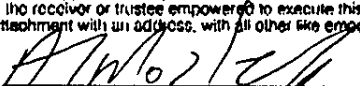
SIGNATURE  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (DUPLICATE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSLEY, ALBERT T 48473 BERMONT ROAD PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, PRESLEY S IV 11513 TIMBERLINE CIR FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**000000941276
05/28/08-80100-024 150.00

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 all other like empowered.

SIGNATURE:  4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Page Paying Fee