

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000302

Entity Name: MOSLEY LAWN CARE, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

48473 BERMONT ROAD
PUNTA GORDA, FL 33982

New Principal Place of Business:

Current Mailing Address:

48473 BERMONT ROAD
PUNTA GORDA, FL 33982

New Mailing Address:

FEI Number: 80-0002914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARLEY, ALBERT T
48473 BERMONT ROAD
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

MOSLEY, ALBERT T
48473 BERMONT ROAD
PUNTA GORDA, FL 33982 US

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: ALBERT T MOSLEY

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOSLEY, ALBERT T
Address: 48473 BERMONT ROAD
City-St-Zip: PUNTA GORDA, FL 33982

Title: D () Delete
Name: CAMPBELL, PRESLEY S IV
Address: 11513 TIMBERLINE CIR
City-St-Zip: FT MYERS, FL 33912

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: ALBERT T MOSLEY

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date