2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000004577

1. Entity Name

Z'S LAWN MAINTENANCE, INC.



FILED
May 03, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

2306 LOCKWOOD MEADOWS DR. SARASOTA, FL 34234

2306 LOCKWOOD MEADOWS DR. SARASOTA, FL 34234



01252007

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0592107

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZEMAN, ROBERT S 2306 LOCKWOOD MEADOWS DR. SARASOTA, FL. 34234

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SARASOTA, FL 34234			IN THIS SPACE		
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature typed or printed name of registered agent and title	f applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEMAN, ROBERT S 2306 LOCKWOOD MEADOWS DR. SARASOTA, FL 34234		,		JJ00000759423
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	05/24/07-80041-024 150.0
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TTA		,
12. I hereby of indicated	pertify that the information supplied with this fill on this report or supplemental report is true a	ling does not qualify for the exe	mptions cor	ntained in Chapter 119,	Florida Statutes, I further certify that the information as if made under path; that I am an officer or director

14. Thereby certify that the information supplied with this filling does not quality 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

43007

941-228-1686

Daytime Phone #