2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2007 08:00 AM DOCUMENT # P02000028917 **Secretary of State** DAVID LOVEJOY LAWN AND LANDSCAPE INC. Principal Place of Business Mailing Address 800 NW 125 AVE OCALA FL 34482 800 NW 125 AVE **OCALA FL 34482** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt #, otc. Suite, Apl. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Numbor 02-0569791 Not Applicable Zro Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOVEJOY, DAVID 800 NW 125 AVE Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34482** Zip Code 8. The above named ontity 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition LOVEJOY, DAVID S NAME NAME 800 N.W. 125TH AVE. STREET ADDRESS STREET ADDRESS **OCALA FL 34482** City-SI-7IP CITY SI - ZIP UDE ☐ Delete IIIŒ ☐ Change ■ Addition LOVEJOY, SUSAN A NAME U000000614640 NAME 800 N.W. 125TH AVE. STREET ADDRESS STREET ADDRESS 02/06/07-80040-004 150.00 **OCALA FL 34482** CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TOTE Change Addition LOVEJOY, SUSAN A NAME NAME STREET ADDRESS 800 N.W. 125TH AVE. STREET ADDRESS CITY - ST - ZIP **OCALA FL 34482** CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition LOVEJOY, DAVID NAME NAMI' 800 N.W. 125TH AVE. STREET ADDRESS STREET ADDRESS **OCALA FL 34482** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP IIILE Delete IIIE Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-ZIP

12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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 anyaddress, with all other like empowered.

INTERMAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED