

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000033542

FILED  
Jul 29, 2007  
Secretary of State

**Entity Name:** 1ST CHOICE LAWN & GROUNDS MAINTENANCE, INC.

**Current Principal Place of Business:**

9094 N GRECO TERRACE  
CITRUS SPRINGS, FL 34434

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1996  
DUNNELLON, FL 344301996

**New Mailing Address:**

**FEI Number:** 27-0006339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHMIEDER, ELIZABETH  
9094 N GRECO TERRACE  
CITRUS SPRINGS, FL 34434 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHMIEDER, ELIZABETH  
Address: 9094 N GRECO TERRACE  
City-St-Zip: CITRUS SPRINGS, FL 34434

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** ELIZABETH SCHMIEDER

PD

07/29/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date