


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90049 047 ***150.00

DOCUMENT # P02000044521			
1. Entity Name WEST COAST LAWN SERVICE OF SW FLORIDA, INC.			
Principal Place of Business 17529 DUQUESNE RD FT MYERS, FL 33912		Mailing Address 17529 DUQUESNE RD FT MYERS, FL 33912	
2. Principal Place of Business - No P.O. Box # 17529 Duquesne Rd		3. Mailing Address 17529 Duquesne Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33967		Zip 33967	
Country		Country	
6. Name and Address of Current Registered Agent LASCOLA, PAUL 17529 DUQUESNE RD FT MYERS, FL 33912		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LASCOLA, PAULA 17529 DUGUESNE RD FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Lascola, Paul 17529 Duquesne Rd Fort Myers, FL 33967
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>P. Lascola</i>		1/15/08 239-267-5074	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	