

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052012

Entity Name: XQUISITE LAWNS, INC.

FILED
May 15, 2007
Secretary of State

Current Principal Place of Business:

1005 EMILYS WALK LN E
JACKSONVILLE, FL 32221

New Principal Place of Business:

3107 DOUBLE OAKS DR.
JACKSONVILLE, FL 32226

Current Mailing Address:

P O BOX 37012
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 82-0543944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, ARTILLIOUS
1005 EMILYS WALK LANE E
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

HOLMES, ARTILLIOUS
3107 DOUBLE OAKS DRIVE
JACKSONVILLE, FL 32226 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: ARTILLIOUS HOLMES

05/15/2007

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: D () Delete
Name: HOLMES, ARTILLIOUS
Address: 1005 EMILYS WALK LN E
City-St-Zip: JACKSONVILLE, FL 32221

Title: T () Delete
Name: HOLMES, LINDA F
Address: 1005 EMILYS WALK LN E
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOLMES, ARTILLIOUS
Address: 3107 DOUBLE OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32226

Title: T (X) Change () Addition
Name: HOLMES, LINDA F
Address: 3107 DOUBLE OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32226

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: ARTILLIOUS HOLMES

MR

05/15/2007

Electronic Signature of Signing Officer or Director

Date