

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054321

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** ACTIVE LAWN CARE AND LANDSCAPING, INC.

**Current Principal Place of Business:**

2602 OCOEE APOPKA RD  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

2602 OCOEE APOPKA RD  
APOPKA, FL 32703

**New Mailing Address:**

P.O. BOX 1669  
MINNEOLA, FL 34755

**FEI Number:** 81-0551945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUTLER, SHARI  
2602 OCOEE APOPKA RD  
APOPKA, FL 32703 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BUTLER, VICTOR B  
Address: 2602 OCOEE APOPKA RD  
City-St-Zip: APOPKA, FL 32703

Title: S  
Name: BUTLER, SHARI D  
Address: 2602 OCOEE APOPKA RD  
City-St-Zip: APOPKA, FL 32703

Title: T  
Name: ARNEGARD, DANIEL R  
Address: 2602 OCOEE APOPKA RD  
City-St-Zip: APOPKA, FL 32703

I hereby 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 all other like empowered.

SIGNATURE: SHARI BUTLER

S

04/10/2012

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

\_\_\_\_\_  
Date