

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000061343

Entity Name: HURST LAWN CARE, INC.

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

92 HORSESHOE TRAIL  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

92 HORSESHOE TRAIL  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 48-1261506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HURST, COLE  
92 HORSESHOE TRAIL  
CRAWFORDVILLE, FL 32327 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: PV  
Name: HURST, COLE  
Address: 92 HORESHOE TRAIL  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ST  
Name: HURST, CAROLYN  
Address: 92 HORESHOE TRAIL  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: COLE HURST

PV

04/23/2012

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

\_\_\_\_\_  
Date