

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000074122

1. Entity Name  
GREEN MOUNTAIN LAWN SERVICE INC.



Principal Place of Business  
17 LBJ SR. DR.  
FT. WALTON BEACH, FL 32547

Mailing Address  
17 LBJ SR. DR.  
FT. WALTON BEACH, FL 32547

**FILED**  
**Sep 15, 2008 08:00 AM**  
**Secretary of State**



07222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0733599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CLAY, THOMAS S  
17 LBJ SR. DR.  
FT. WALTON BEACH, FL 32547

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAY, THOMAS S 17 LBJ SR. DR. FT. WALTON BEACH, FL 32547
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLAY, TODD S 17 LBJ SR. DR. FT. WALTON BEACH, FL 32547
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLAY, HOWARD S 17 LBJ SR. DR. FT. WALTON BEACH, FL 32547
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000853655  
09/15/08-80001-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 28, 08 428-1735  
Date Daytime Phone #