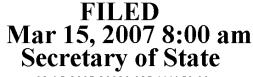
2007 FOR PROFIT CORPORATION ANNUAL REPORT



				,	,		CLI Y	<i>,</i> , , , , , ,		
DOCUMENT # P02000079336 1. Entity Name PERSONAL TOUCH LAWN CARE, INC.						03-15-2007 90030 037 ***150.00				
Principal Place of Business Mailing Address						20005554				
499 NE 25TH TERRACE 499 NE 25TH TERRACE BOCA RATON, FL 33431 BOCA RATON, FL 33431						2000001				
Principal Place of Business - No P.O. Box # Mailing Add										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03092007	Chg-P	CR2E	34 (12/06)		
City & State		City & State			4. FEI Numb 42-154			_ 	plied For t Applicable	
Zip	Country	try Zip Cou		ntry		of Status Desired	q 🗀	\$8.75 Add	litional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
				Name						
CAYLOR, WILLIAM F 499 NE 25TH TERRACE				Street Address (P.O. Box Number is Not Acceptable)						
BOCA RA	TON, FL 33431								<u> </u>	
;				City				Zip Cod		
						al I di O ttori di	FL	• <u> </u>	• • • • • • • • • • • • • • • • • • • •	
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 NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.					\$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	L /CHANGES TO C	OFFICERS AND	DIRECTOR	S IN 11	
TITLE .	D	☐ Delete	TITL					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM	RE EET ADORESS						
CITY-ST-ZIP	•			r-ST-ZIP						
TITLE	☐ Delete TI		TITL					☐ Change	Addition	
NAME STREET ADDRESS			NAM	ME EET ADDRESS						
CITY-\$1-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITL			·		☐ Change	Addition	
NAME STREET ADDRESS			NAM STRI	ME Eet address						
CITY-ST-ZIP				r-ST-ZiP						
TITLE		☐ Delete	TITE					☐ Change	Addition	
NAME STREET ADDRESS			NAM	ME Eet address						
CITY-ST-ZIP				r-ST-ZIP						
TITLE	40	☐ Delete	TITL			<u> </u>		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM STRI	AE EET ADDRESS						
CITY-ST-ZIP				(-ST-ZIP						
TITLE		☐ Delete	TITL	E				☐ Change	☐ Addition	
NAME			NAM	ME EET ADORESS						
STREET ADORESS CITY-ST-ZIP			4	r-ST-ZIP						

12. I hereby certify that the information supplied with this pling 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 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 trustees subowered 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 arcaderss, with all other true empowered.