2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086677

FILED Apr 09, 2009 Secretary of State

| Entity Nam | ne: LAWNS | CAPE OF CENTRAL FLORIDA | INC. | | |
|--|---|----------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 5675 NW 2 MICANOPY | | | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 5675 NW 2 MICANOPY | | | | | |
| FEI Number: | 16-1621894 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| HACKNEY, SHERMAN 5675 NW 219TH ST RD MICANOPY, FL 32667 US | | | 5675 NW 219TH ST F | HACKNEY, SHERMAN E 5675 NW 219TH ST RD MICANOPY, FL 32667 US | |
| The above in the State | | submits this statement for the p | ourpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATURE: SHERMAN HACKNEY | | | | 04/09/2009 | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| Election Cam | paign Financii | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | S (HACKNEY, TII 5675 NW 219 MICANOPY, F | TH ST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (HACKNEY, SH 5675 NW 219 MICANOPY, F | TH ST RD | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: SHERMAN HACKNEY 04/09/2009 D