2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 30, 2007 08:00 AM Secretary of State

| DOCUMENT # | P0200008769 | 92 |
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1. Entity Name

MYERS PAINTING & LAWN, INC.



Principal Place of Business

8101 SW 9TH COURT NORTH LAUDERDALE, FL 33068 Mailing Address

8101 SW 9TH COURT

NORTH LAUDERDALE, FL 33068



03092007

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CR2E034 (11/05)

4. FEI Number 06-1643375 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, BEN 8101 SW 9TH COURT NORTH LAUDERDALE, FL 33068

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| NORTH L | AUDERDALE, FL 33068 | | • | IN T | 'HIS SPACI | | |
|---------------------------------------|---|--|-----------------|--------------------------------|---------------------------------|---------------------------------------|----------|
| 8. The above the obligat | named entity submits this statement for the plions of registered agent. | purpose of changing its registere | d office or re | gistered agent, or both | , in the State of Florida. I an | n familiar with, and | accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and title | of applicable. (NOTE: Registered | Agent signature | required when reinstating) | DATE | | _ |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | · · · · · · · · · · · · · · · · · · · | |
| 10. | OFFICERS AND DIREC | CTORS | | | | · · · · · · · · · · · · · · · · · · · | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MYERS, BEN 8101 SW 9TH COURT NORTH LAUDERDALE, FL 33068 | | , | and the second | 7.000000 | 45171 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MYERS, ROBERT F 8120 SW 9TH COURT NORTH LAUDERDALE, FL 33068 | | | | 05/16/07-8 | 0059-008 | 150.00 |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | DO | NOT WRIT | E | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | , | A 1 4 4 6 | | | |
| TITLE NAME | | | . 1 | | 1 1 | • | ! |

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 empowers 1100 or 110

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(4-19-07 (954