

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000114082

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** 3 SEASONS LAWN & PEST CONTROL, INC.

**Current Principal Place of Business:**

7813 FRANCINE DR  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

7813 FRANCINE DR  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

**FEI Number:** 27-0035146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOMBARI, JOSEPH A  
7813 FRANCINE DR  
NEW PORT RICHEY, FL 34653 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: D  
Name: LOMBARI, JOSEPH A  
Address: 7813 FRANCINE DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D  
Name: LOMBARI, DONNA  
Address: 7813 FRANCINE DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

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: DONNA LOMBARI

D

04/21/2011

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

\_\_\_\_\_  
Date