

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000125038

Entity Name: ALL CARE LAWN SERVICE, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1393 MT. PLEASANT RD.
GROVELAND, FL 34736

New Principal Place of Business:

11413 MANDRIN DR
CLERMONT, FL 34711

Current Mailing Address:

PO BOX 120294
CLERMONT, FL 347120294

New Mailing Address:

FEI Number: 82-0577242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACKEY, CHRISTOPHER M
1393 MT. PLEASANT RD.
GROVELAND, FL 34736 US

Name and Address of New Registered Agent:

BRACKEY, CHRISTOPHER M
11413 MANDRIN DR
CLERMONT, FL 34711 US

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: CHRISTOPHER M BRACKEY

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRACKEY, CHRISTOPHER M
Address: 1393 MT. PLEASANT RD.
City-St-Zip: CLERMONT, FL 34736 US

Title: VD () Delete
Name: BRACKEY, CHRISTOPHER M
Address: 1393 MT. PLEASANT RD.
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRACKEY, CHRISTOPHER M
Address: 11413 MANDRIN DR
City-St-Zip: CLERMONT, FL 34711 US

Title: VD (X) Change () Addition
Name: BRACKEY, CHRISTOPHER M
Address: 11413 MANDRIN DR
City-St-Zip: CLERMONT, FL 34711

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: CHRISTOPHER M BRACKEY

OWNE

04/30/2008

Electronic Signature of Signing Officer or Director

Date