

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000127983

Entity Name: MON REVE LAWN CARE, INC.

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

545 PIEDMONT  
SANIBEL, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 714  
SANIBEL, FL 33957

**New Mailing Address:**

FEI Number: 33-1040967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAYER, ROBERT E JR  
16157 MOUNT ABBEY WAY  
SUITE #202  
FT MYERS, FL 33908 US

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

STEVENS, STACEY  
545 PIEDMONT ROAD  
SANIBEL, FL 33957 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: STACEY STEVENS

04/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STEVENS, JAMES L  
Address: 545 PIEDMONT  
City-St-Zip: SANIBEL, FL 33957

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: STACEY STEVNES

MRS

04/05/2012

Electronic Signature of Signing Officer or Director

Date