


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000135496 | |
| 1. Entity Name SCOTT'S LAWN & LANDSCAPING, INC. | |
|  | |
| Principal Place of Business 1992 EAST COUNTY ROAD 462 WILDWOOD, FL 34785 US | Mailing Address 1992 EAST COUNTY ROAD 462 WILDWOOD, FL 34785 US |



06062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 65-1171071 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent SCOTT, ALICE 9208 COUNTY ROAD 241 WILDWOOD, FL 34785 | DO NOT WRITE IN THIS SPACE |
|--|---------------------------------------|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

U000000766560
06/22/07-80002-005 150.00

| | | |
|--|--|---|
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST SCOTT, MICHAEL T 1992 EAST COUNTY ROAD 462 WILDWOOD, FL 34785 |
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**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: _____ **6-18-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #