2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000910971

1. Entity Name

FOUR SEASONS LAWN CARE INC.



FILED Aug 23, 2007 08:00 AN Secretary of State

Principal Place of Business

PO BOX 359283 GRAND ISLAND, FL 32735 Mailing Address

PO BOX 359283.

GRAND ISLAND, FL 32735



DO NOT WRITE IN THIS SPACE

07272007 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0061197

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WISEMAN, RICHARD K 36129 VIA GRAM GRAND ISLAND, FL 32735

DO NOT WRITE IN THIS SPACE

			IN THIS SPACE		
the obligat	named entity submits this statement for the nons of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and til	de il applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE
	LE NOW!!! FEE IS \$550.00 ue by September 14, 2007	Election Campaign Financ Trust Fund Contribution	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIR	ECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISEMAN, RICHARD K 36129 VIA GRAN GRAND ISLAND, FL 32735				U00000772652 08/23/07-80003-017 558.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISEMAN, MICHELLE L 36129 VIA GRAN GRAND ISLAND, FL 32735				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		·	
TITLE					

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 the empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-07 852

852)455-0452

Daytime Phone #