


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000012982 1. Entity Name TED YATES LAWN SERVICE, INC.	
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Principal Place of Business 5554 RIVERSIDE DRIVE PORT ORANGE FL 32127	Mailing Address P O BOX 238353 PORT ORANGE FL 32123
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent YATES, THEODORE B JR. 5554 RIVERSIDE DRIVE PORT ORANGE FL 32127	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 45-0500266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 rechartering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	YATES, THEODRE B		
STREET ADDRESS	P O BOX 238353		
CITY-ST-ZIP	PORT ORANGE FL 32123		
TITLE	V	<input type="checkbox"/> Delete	
NAME	YATES, BARBARA		
STREET ADDRESS	P.O. BOX 238353		
CITY-ST-ZIP	PORT ORANGE FL 32123		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	U00000810648		
CITY-ST-ZIP	02/08/08-80072-015 150.00		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ted Yates **TED YATES Pres.** Date: **1-30-08** Page # **386 788 0316**
Tel: **233 0289**