


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000015240</b> 1. Entity Name TROPICAL LAWN CARE INC.	
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Principal Place of Business 1809 DIERKER DR VALRICO, FL 33594	Mailing Address PO BOX 1311 VALRICO, FL 33595
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<b>DO NOT WRITE IN THIS SPACE</b>
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03112008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0446054	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BALDERSTON, LOUIS N 3324 PEARSON ROAD VALRICO, FL 33594
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**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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BALDERSTON, LOUIS N 1809 DIERKER DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD BALDERSTON, STEPHANIE D 1809 DIERKER RD VALRICO, FL 33594
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04/10/08-80079-021 150.00

**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: Louis Balderston 3-11-08 433-4202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #