

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000015240

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Entity Name:** TROPICAL LAWN CARE INC.

**Current Principal Place of Business:**

1809 DIERKER DR  
VALRICO, FL 33594

**New Principal Place of Business:**

1809 DIERKER DR  
VALRICO, FL 33596

**Current Mailing Address:**

PO BOX 1311  
VALRICO, FL 33595

**New Mailing Address:**

**FEI Number:** 51-0446054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BALDERSTON, LOUIS N  
3324 PEARSON ROAD  
VALRICO, FL 33594 US

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

BALDERSTON, LOUIS N  
1809 DIERKER DR  
VALRICO, FL 33596 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:**

01/25/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BALDERSTON, LOUIS N  
**Address:** 1809 DIERKER DR  
**City-St-Zip:** VALRICO, FL 33596

**Title:** PSTD  
**Name:** BALDERSTON, STEPHANIE D  
**Address:** 1809 DIERKER RD  
**City-St-Zip:** VALRICO, FL 33596

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:** STEPHANIE BALDERSTON

VP

01/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date