

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022413

FILED
Mar 19, 2009
Secretary of State

Entity Name: LAWN SERVICES BY RICK PAYNE, INC.

Current Principal Place of Business:

410 MAGNOLIA AVE.
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

410 MAGNOLIA AVE.
LEHIGH ACRES, FL 33972 US

Current Mailing Address:

P.O.BOX 637
LEHIGH ACRES, FL 33970 US

New Mailing Address:

FEI Number: 04-3744730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, RICHARD PD
410 MAGNOLIA AVE
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

PAYNE, RICHARD PD
410 MAGNOLIA AVE
LEHIGH ACRES, FL 33972 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:

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAYNE, RICHARD
Address: 410 MAGNOLIA AVE.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VD () Delete
Name: PAYNE, TERRI
Address: 410 MAGNOLIA AVE.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: OD () Delete
Name: PAYNE, RICHARD E II
Address: 2304 QUEEN DR
City-St-Zip: LEHIGH ACRES, FL 33971

Title: OD () Delete
Name: PAYNE, DALTON G
Address: 14331 CEMETARY RD
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PAYNE, RICHARD
Address: 410 MAGNOLIA AVE.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VD (X) Change () Addition
Name: PAYNE, TERRI
Address: 410 MAGNOLIA AVE.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OD (X) Change () Addition
Name: PAYNE, DALTON G
Address: 410 MAGNOLIA AVE.
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TERRI L. PAYNE

VD

03/19/2009

Electronic Signature of Signing Officer or Director

Date