

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025759

FILED  
Jan 20, 2008  
Secretary of State

Entity Name: ALL AMERICAN BEST LAWN CARE, INC.

## Current Principal Place of Business:

4550 EWELL ROAD  
LAKELAND, FL 33813 US

## New Principal Place of Business:

## Current Mailing Address:

929 HAMILTON PLACE DRIVE  
LAKELAND, FL 33813 US

## New Mailing Address:

FEI Number: 45-0506898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLLINS, TIMOTHY MARK  
929 HAMILTON PLACE DRIVE  
LAKELAND, FL 33813 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,VP ( ) Delete  
Name: COLLINS, TIMOTHY MARK  
Address: 4550 EWELL ROAD  
City-St-Zip: LAKELAND, FL 33813 US

Title: S,T ( ) Delete  
Name: COLLINS, JEFFREY A  
Address: 929 HAMILTON PLACE DRIVE  
City-St-Zip: LAKELAND, FL 33813 US

Title: D ( ) Delete  
Name: COLLINS, TIMOTHY MARK  
Address: 4550 EWELL ROAD  
City-St-Zip: LAKELAND, FL 33813 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JEFFREY A COLLINS

S

01/20/2008

Electronic Signature of Signing Officer or Director

Date