


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90019 031 ***150.00

DOCUMENT# P03000033626	
1. Entity Name IN-TOUCH LAWN SERVICE, INC.	

Principal Place of Business 1845 LONGVIEW LANE TARPON SPRINGS FL 34689	Mailing Address 1845 LONGVIEW LANE TARPON SPRINGS FL 34689
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2. Principal Place of Business - No P.O. Box # 1845 Longview LA Suite, Apt. #, etc.	3. Mailing Address 1845 Longview LA Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State TARPON SPRING FL	City & State TARPON SPRING FL
Zip 34689	Zip 34689
Country USA	Country USA

4. FEI Number 55-0826965	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARCELLO, LAURESE 1845 LONGVIEW LANE TARPON SPRINGS FL 34689	7. Name and Address of New Registered Agent Name: Marcello Laurese Street Address (P.O. Box Number is Not Acceptable): 1845 Longview LAN City: TARPON SPRING FL Zip Code: 34689
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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 Marcello Laurese 1-19-07
Signature, typed or printed name of registered agent, if title is applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARCELLO, LAURESE		NAME	
STREET ADDRESS 1845 LONGVIEW LANE		STREET ADDRESS	
CITY- ST - ZIP TARPON SPRINGS FL 34689		CITY- ST - ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARCELLO, LAURESE		NAME	
STREET ADDRESS 1925 CARLOS AVENUE		STREET ADDRESS	
CITY- ST - ZIP CLEARWATER FL 33755		CITY- ST - ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARCELLO, LAURESE		NAME	
STREET ADDRESS 1925 CARLOS AVENUE		STREET ADDRESS	
CITY- ST - ZIP CLEARWATER FL 33755		CITY- ST - ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARCELLO, LAURESE		NAME	
STREET ADDRESS 1925 CARLOS AVENUE		STREET ADDRESS	
CITY- ST - ZIP CLEARWATER FL 33755		CITY- ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST - ZIP		CITY- ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST - ZIP		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: Marcello Laurese 1-19-07 7279438088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #