

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000038189</b> 1. Entity Name <b>LEE &amp; JAN DEPENDABLE LAWN SERVICE, INC.</b>	
--	---

Principal Place of Business <b>955 N FOXRUN TERRACE INVERNESS, FL 34453</b>	Mailing Address <b>955 N FOXRUN TERRACE INVERNESS, FL 34453</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>38-3680304</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**FORNEY, LELAND  
955 N FOXRUN TERRACE  
INVERNESS, FL 34453**

**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 re-registering)  
Signature, typed or printed name of registered agent and title if applicable DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FORNEY, LELAND 955 N FOXRUN TERRACE INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FORNEY, JANET 955 N FOXRUN TERRACE INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000855750  
03/27/08-80064-003 150.00

**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:** *Leland Forney* **3-10-08** **344-9225**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #