

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045519

FILED
Apr 29, 2008
Secretary of State

Entity Name: SONSHINE LAWN MANAGEMENT SERVICES CORP.

Current Principal Place of Business:

580 SQUARE LAKE DR E
BARTOW, FL 33830

New Principal Place of Business:

6573 CREWS VUE LOOP
LAKELAND, FL 33813

Current Mailing Address:

P.O. BOX 6303
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 51-0464445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLARD, JIMMIE JR
580 SQUARE LAKE DR E
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

BALLARD, JIMMIE JR
6576 CREWS VUE LOOP
LAKELAND, FL 33813 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: _____

Electronic Signature of Registered Agent

04/29/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BALLARD, JIMMIE
Address: P.O. BOX 6303
City-St-Zip: LAKELAND, FL 33807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JIMMIE BALLARD

DR

04/29/2008

Electronic Signature of Signing Officer or Director

Date