


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90029 030 ***150.00

DOCUMENT # P03000052759
 1. Entity Name
 FREEDOM LAWN CARE SERVICE, INC.



Principal Place of Business Mailing Address
 2783 DELANEY CT. P.O. BOX 2636
 PALM HARBOR, FL 34684 TARPON SPRINGS, FL 34688


2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 8504 FenHolloway Ct. Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 NEW Port Richey FL
 Zip Country Zip Country
 34655

4. FEI Number Applied For
 51-0466614 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

01112007 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent
 DESOUZA, DARLAN C
 2783 DELANEY CT.
 PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent
 Name DESOUZA, CESAR D.
 Street Address (P.O. Box Number is Not Acceptable)
 8504 FENHOLLOWAY CT
 City NEW Port Richey FL Zip Code 34655

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:  DATE: 1/11/07

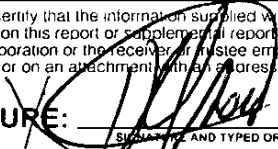
(NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESOUZA, DARLAN C 2783 DELANEY CT. PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE souza, Cesar D 8504 FenHolloway Court NEW Port Richey, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES. OB Laden, Roni M. 8504 FenHolloway Court New Port Richey, FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 to this address, with all other like empowered.

SIGNATURE:  DATE: _____ Daytime Phone: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR