


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90048 003 ***150.00

DOCUMENT # P03000061734 1. Entity Name FANTASTIC LAWN CARE INC.					
Principal Place of Business 2025 PLUMOSA WAY INDIALANTIC, FL 32903			Mailing Address 2025 PLUMOSA WAY INDIALANTIC, FL 32903		
2. Principal Place of Business - No P.O. Box # 2903 Dusa dr.		3. Mailing Address			
Suite, Apt. #, etc. Unit A		Suite, Apt. #, etc.			
City & State Melbourne Fl.		City & State			
Zip 32934	Country Brevard	Zip	Country	4. FEI Number 20-0030175	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHEEK, TAMARA L EA 1601 AIRPORT BLVD STE 2 MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name Arno, Andrew P. E.A. Street Address (P.O. Box Number is Not Acceptable) 1601 Airport Blvd STE 2 City Melbourne, FL Zip Code 32901		
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 Andrew P. Arno DATE 1/8/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LACKO, FRANK 2025 PLUMOSA WAY INDIALANTIC, FL 32903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LACKO, THOMAS 2025 PLUMOSA WAY INDIALANTIC, FL 32903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LACKO, FRANK 2025 PLUMOSA WAY INDIALANTIC, FL 32903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LACKO, THOMAS 2025 PLUMOSA WAY INDIALANTIC, FL 32903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: [Signature]		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/13/08 Daytime Phone # 321-729-8953		