


FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90182 028 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000067963		
1. Entity Name THE YANKEE CLIPPER LAWN MAINTENENCE, INC		
Principal Place of Business 126 SE 41ST AVENUE OCALA, FL 34471		Mailing Address P.O. BOX 3564 OCALA, FL 34478
DO NOT WRITE IN THIS SPACE		
4. FEI Number 54-2135767		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent THE YANKEE CLIPPER LAWN MAINTENENCE SYSTEMS 126 SE 41ST AVENUE OCALA, FL 34471		
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: <u>William King</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KING, RHONDA P.O. BOX 3564 OCALA, FL 34478	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, WILLIAM III P.O. BOX 3564 OCALA, FL 34478	
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		
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: <u>William King</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date: _____ Daytime Phone #: _____		

40050221



04022007 No Chg-P CR2E034 (11/05)