


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

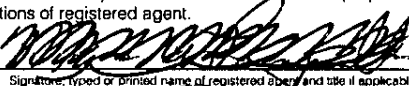
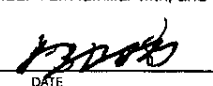
<b>DOCUMENT # P03000102450</b>	
1. Entity Name <b>MARCO PIMPINELLA LAWN SERVICE, INC.</b>	

Principal Place of Business <b>1345 TORREYA CIRCLE N FT MYERS, FL 33917</b>	Mailing Address <b>1345 TORREYA CIRCLE N FT MYERS, FL 33917</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

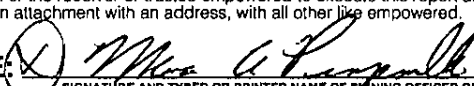
6. Name and Address of Current Registered Agent	
<b>PIMPINELLA, NANCY 1345 TORREYA CIRCLE N FT MYERS, FL 33917</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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 
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	PIMPINELLA, MARCO A		
1345 TORREYA CIRCLE			
N FT MYERS, FL 33917			
VD	PIMPINELLA, NANCY		
1345 TORREYA CIRCLE			
N FT MYERS, FL 33917			

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 	1-31-08 239-543-7831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

*Florida Dept of State*



01272008 Chg-P CR2E034 (12/06)

4. FEI Number **56-2400261** Applied For ☐ Not Applicable ☐

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

UN00000913797  
02/13/08-80019-003 150.00