


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90181 031 ***150.00

DOCUMENT # P03000107943	
1. Entity Name PROCTOR'S LANDSCAPING AND LAWN CARE INC.	

Principal Place of Business 1140 EAST UNION STREET JACKSONVILLE FL 32206-5922	Mailing Address 1140 EAST UNION STREET JACKSONVILLE FL 32206-5922
---	---



2. Principal Place of Business - No P.O. Box # P.O. Box 61841 Suite, Apt. #, etc.	3. Mailing Address 2363 Adams Lake Blvd Suite, Apt. #, etc.
--	--

1st MOORE CR2E034 (10/06)

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32236	Zip 32221
Country Duval	Country Duval

4. FEI Number 20-0232735	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 PROCTOR, KEVIN C 1140 EAST UNION STREET JACKSONVILLE FL 32206	
---	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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 PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PROCTOR, KEVIN		NAME Proctor, Kevin	
STREET ADDRESS 1140 EAST UNION STREET		STREET ADDRESS 2363 Adams Lake Blvd	
CITY- ST- ZIP JACKSONVILLE FL 32206		CITY- ST- ZIP JACKSONVILLE, FL 32221	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PROCTOR, MICHAEL W		NAME	
STREET ADDRESS 1995 WEST 25TH STREET		STREET ADDRESS	
CITY- ST- ZIP JACKSONVILLE FL 32209		CITY- ST- ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PROCTOR, TYWANA D		NAME Proctor Tywana D	
STREET ADDRESS 653 MONUMENT RD, APT 201		STREET ADDRESS 2363 Adams Lake Blvd	
CITY- ST- ZIP JACKSONVILLE FL 32225		CITY- ST- ZIP JACKSONVILLE, FL 32221	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: KEVIN Proctor 4-16-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #