

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107943

FILED
Apr 30, 2009
Secretary of State

Entity Name: PROCTOR'S LANDSCAPING AND LAWN CARE INC.

Current Principal Place of Business:

PO BOX 61841
JACKSONVILLE, FL 32236

New Principal Place of Business:

2363 ADAMS LAKE BLVD
JACKSONVILLE, FL 32221

Current Mailing Address:

2363 ADAMS LAKE BLVD
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 20-0232735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROCTOR, KEVIN C
1140 EAST UNION STREET
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

PROCTOR, KEVIN C
2363 ADAMS LAKE BLVD
JACKSONVILLE, FL 32221 US

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.

SIGNATURE: _____

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PROCTOR, KEVIN
Address: 2363 ADAMS LAKE BLVD
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD () Delete
Name: PROCTOR, MICHAEL W
Address: 1995 WEST 25TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP () Delete
Name: PROCTOR, TYWANA D
Address: 2363 ADAMS LAKE BLVD.
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN C. PROCTOR

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date