

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90054 006 ***150.00

DOCUMENT # P03000119461 1. Entity Name MAKSYMUK'S LAWN SERVICE, INC.					
Principal Place of Business 104 SHORT ST FORT WALTON BEACH FL 32547				Mailing Address 528 DOLPHIN AVE FT WALTON BEACH FL 32548	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 124 MIRACLE STRIP PKWY S.W. APT 1T 805 FT. WALTON BCH.			
City & State Zip		City & State Zip		4. FEI Number 20-0432873 Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAKSYMUK, JOHN S 528 DOLPHIN AVE. FORT WALTON BEACH FL 32548				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 _____ <small>(Signature, typed or printed name of registered agent and date 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 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MAKSYMUK, JOHN S 528 DOLPHIN AVE FT WALTON BEACH FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/23/08 8:50 5851160 <small>Date Daytime Phone #</small>		