2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000135113

1. Entity Name

KARL LOOS LAWN SERVICE INC



FILED Apr 16, 2008 08:00 AN Secretary of State

Principal Place of Business

2807 WOOD STREET SARASOTA, FL 34237

Mailing Address

2807 WOOD STREET SARASOTA, FL 34237



DO NOT WRITE IN THIS SPACE

 02272008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOOS, KARL 2807 WOOD STREET SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	KARI Signature, typed or printed name of registered agent and title if	L LOOS/Registe Applicable. (NOTE Registere	n AGEN7 d Agent signature required when reinstating)	4-/1-08 DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	\$5.00 May Be Added to Fees	and the second s
10.	OFFICERS AND DIREC	TORS		The State of the S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOOS, KARL 2807 WOOD STREET SARASOTA, FL 34237	:		
TITLE				
NAME STREET ADDRESS CITY-ST-ZIP				000000899662 04/28/08-80048-007 150:00
TITLE NAME STREET ADDRESS CITY-S1-ZIP			DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE
TITLE				

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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

nt 4-1

941-232-576

Davima Phone #