## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2008 8:00 am Secretary of State 04-07-2008 90037 050 \*\*\*150.00

DOCUMENT # P03000140212  1. Entity Name LAWN PRO'S ELITE INC.						04-07-2008	90037 05	0 ***150.	.00	
Principal Place	of Business	Mailing Address								
83 OAKLAND HILLS CT. ROTONDA WEST, FL 33947		83 OAKLAND HILLS CT. Rotonda West, FL 33947			1 <b>40 0</b> 71 <b>0</b> 00 477	TAIBA IIIIT BANK BARI A	CARA MANA ATOM AG	RITO RICON MOTO (IS	11601 in 1681	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01262008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State			4. FEI Number 20-0288				oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Alomo		7. Name and	Address of New	Registered A	Agent		
WAGNER, JAMES W 83 OAKLAND HILLS CT.				Name Street Address (P.O. Box Number is Not Acceptable)						
	WEST, FL 33947			**						
			City		<del>-</del>		FL	Zip Cod	e	
	named entity submits this statement fo	the purpose of changing its	registered office	e or register	ed agent, or both	n, in the State of F		familiar with,	and accept	
the obligation	ons of registered agent.									
SIGNATURE_	Signature, typed or printed name of registered agent a									
	<del>"</del>	ind the rappicable (NOTE	: Registered Agent av	gnature required	when reinstating)		DATE			
FiLE	: NOW!!! FEE IS \$150.00 y 1, 2008 Fee will be \$550.0	9. Election Campai	ign Financing	\$5.	when reinstating)  00 May Be ed to Fees		DATE			
FiLE		9. Election Campai Trust Fund Contr	ign Financing	\$5.	00 May Be ed to Fees	CHANGES TO OF		DIRECTOR:	S IN 11	
File After Ma 10.	y 1, 2008 Fee will be \$550.0 OFFICERS AND	9. Election Campai Trust Fund Contr	ign Financing ribution.	\$5.	00 May Be ed to Fees	CHANGES TO OF		DIRECTOR:	S IN 11	
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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:

GUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08

941-698-4048