

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142268

FILED
Apr 13, 2009
Secretary of State

Entity Name: SCHOON LANDSCAPE REPAIR, INC.

Current Principal Place of Business:

2305 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

475 E. HALL RD.
MERRITT ISLAND, FL 32953 US

Current Mailing Address:

2305 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953 US

New Mailing Address:

475 E. HALL RD.
MERRITT ISLAND, FL 32953 US

FEI Number: 20-0560891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOON, DAVID A
2305 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

SCHOON, DAVID A
475 E. HALL RD.
MERRITT ISLAND, FL 32953 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:

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHOON, DAVID A
Address: 2305 N. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHOON, DAVID A
Address: 475 E. HALL RD.
City-St-Zip: MERRITT ISLAND, FL 32953 US

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: DAVID A. SCHOON

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date