

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000145500

1. Entity Name
CAPITOL LAWN CARE INC



Principal Place of Business
P.O. BOX 12171
TALLAHASSEE, FL 32317

Mailing Address
P.O. BOX 12171
TALLAHASSEE, FL 32317

FILED

08 MAR -7 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
699 Schwall Rd

3. Mailing Address
Po Box 180777

City & State
Havana, FL
Zip
32333

City & State
Tallahassee, FL
Zip
32318

4. FEI Number
51-0491011

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, BRIAN J
3812 COTTINGHAM DRIVE
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name
BRAD JEWELL

Street Address (P.O. Box Number is Not Acceptable)

699 Schwall Rd

City Havana, FL Zip Code 32333

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

(NOTE: Registered Agent signature required when reappointing)

DATE

3-7-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BAILEY, BRIAN J ☒ Delete
STREET ADDRESS 3812 COTTINGHAM DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OWNER/P
NAME BRAD JEWELL ☐ Change ☐ Addition
STREET ADDRESS 699 Schwall Rd
CITY-ST-ZIP Havana, FL 32333

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200120809722
CITY-ST-ZIP 03/20/08--01003--006 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Date

Daytime Phone #

3-57-08