

**2007 FOR PROFIT CORPORATION,
ANNUAL REPORT**

2/

FILED
Mar 19, 2007 8:00 am
Secretary of State

02-28-2007 90013 022 ***150.00

DOCUMENT # P03000150737

1. Entity Name

YOUR PERSONAL LAWN CARE, INC.



Principal Place of Business

**5185 CHARLES SAMUEL DR.
TALLAHASSEE, FL 32309**

Mailing Address

**5185 CHARLES SAMUEL DR.
TALLAHASSEE, FL 32309**

00000000



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number

92-0181038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FITZGERALD, BRIAN E
903 1/2 N. MONROE ST.
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

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

Cecil L. Brown

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

FITZGERALD, BRIAN E

STREET ADDRESS

903 1/2 N. MONROE ST.

CITY - ST - ZIP

TALLAHASSEE, FL 32303

TITLE

PD

NAME

BROWN, CECIL L

STREET ADDRESS

5185 CHARLES SAMUEL DR.

CITY - ST - ZIP

TALLAHASSEE, FL 32309

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Cecil L. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CECIL L BROWN

PRESIDENT

3-13-07

Date

Daytime Phone #