

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157509

FILED
Mar 31, 2009
Secretary of State

Entity Name: ALLIED LAWN EQUIPMENT, INC.

Current Principal Place of Business:

2600 PEMBERTON DR.
APOPKA, FL 32703

New Principal Place of Business:

1130 W SR 436
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

2600 PEMBERTON DR.
APOPKA, FL 32703

New Mailing Address:

1130 W SR 436
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3776227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVEN, WEISSTEIN I
154 ACADEMY OAKS PLACE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEISSTEIN, STEVEN I
Address: 154 ACADEMY OAKS PLACE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: BAKER, WILLIAM S
Address: 410 TIMBERCOVE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN I WEISSTEIN

D

03/31/2009

Electronic Signature of Signing Officer or Director

Date