2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# P04000002468

Entity Name: DOUBLE L LAWN CARE, INC.

Current Principal Place of Business:

898 PINE MEADOW COVE
JACKSONVILLE, FL 32221

New Principal Place of Business:

217 VELVET DR
JACKSONVILLE, FL 32220

Current Mailing Address:

898 PINE MEADOW COVE
JACKSONVILLE, FL 32221

New Mailing Address:

217 VELVET DR
JACKSONVILLE, FL 32220

FEI Number: 27-0079335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCORVEY, JENNIFER L
898 PINE MEADOW COVE
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

MCCORVEY, JENNIFER L
217 VELVET DR
JACKSONVILLE, FL 32220 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: _____ 04/12/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: MCCORVEY, JENNIFER L
Address: 898 PINE MEADOW COVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: VP ( ) Delete
Name: WALKER, JACK L JR
Address: 898 PINE MEADOW COVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD ( ) Delete
Name: CROWE, ROBERT SR
Address: 4623 ANVERS BLVD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: MCCORVEY, JENNIFER L
Address: 217 VELVET DR
City-St-Zip: JACKSONVILLE, FL 32220

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 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: JENNIFER MCCORVEY PSD 04/12/2007
Electronic Signature of Signing Officer or Director — Date