

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000002468

Entity Name: DOUBLE L LAWN CARE, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

217 VELVET DR
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

217 VELVET DR
JACKSONVILLE, FL 32220

New Mailing Address:

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
217 VELVET DR
JACKSONVILLE, FL 32220 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: WALKER, JACK L JR
Address: 954 CREST DR EAST
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD (X) Change () Addition
Name: CROWE, ROBERT SR
Address: 217 VELVET DR
City-St-Zip: JACKSONVILLE, FL 32210

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: JENNIFER L. MCCORVEY

PSD

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date