

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012976

Entity Name: FLORIDA LAWN & STRAW, INC.

FILED  
Apr 23, 2008  
Secretary of State

**Current Principal Place of Business:**

41379 CLAY SINK RD  
WEBSTER, FL 33597

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 211  
DADE CITY, FL 33526

**New Mailing Address:**

FEI Number: 20-6629261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

H.B. ROSS & CO.  
5243 GALL BLVD  
SUITE 4  
ZEPHYRHILLS, FL 33542 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: P ( ) Delete  
Name: BOYETT, WILLIAM H  
Address: P.O. BOX 211  
City-St-Zip: DADE CITY, FL 33526

Title: VP ( ) Delete  
Name: BOYETT, BRENDA J  
Address: P.O. BOX 211  
City-St-Zip: DADE CITY, FL 33526

**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: WILLIAM BOYETT

P

04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date