2008 FOR PROFIT CORPORATION ANNUAL REPORT

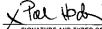
FILED May 02, 2008 08:00 AN Secretary of State

ANNUAL REPORT					1v1ay 02, 2000 00;			
DOCUMENT # P04000014316 1. Entity Name PAL HODAI LAWN CARE, INC.						Secretary of S	5	
Principal Place of Business 9288 SCARLETTE OAK AVE FORT MEYERS, FL 33967	9	ailing Address 288 SCARLETTE OAK AVE ORT MEYERS, FL 33967						
	-		***************************************					
DO NOT	WRITE IN	N THIS SPA	CE	04292008 4. FEI Numbe		CR2E034 (11/05) Applied For		
	116 20 - 1		,	20-064 5. Certificate	5162 of Status Desired	Not Applicate \$8.75 Additional Fee Required	ole	
6. Name and Ad	dress of Current Regis	tered Agent		<u> </u>	, £+	ree Required	_	
HODAI, PAL 9288 SCARLETTE OAK AV FORT MEYERS, FL 33967				12.4	NOT W			
8. The above named entity submit the obligations of registered age		urpose of changing its registe	ered office or regist	ered agent, or bot	h, in the State of Flo	rida. I am familiar with, and accep	pt	
SIGNATURE			red Agent signature requi	od when reinstating) DATE				
FILE NOW!!! FEE I After May 1, 2008 Fee	\$ \$150.00 will be \$550.00	Election Campaign Final Trust Fund Contribution		5.00 May Be ided to Fees				
10.	OFFICERS AND DIREC	TORS					_	
NAME HODAI, PAL 9288 SCARLETT FORT MEYERS,					U0000 05/30/08	0946742 -80061-014 150.00	₹	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
IIILE NAME STREET ADDRESS CITY-ST-ZIP	,			DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-S1-ZIP				IN T	THIS SP	PACE		
TITLE NAME STREET ADDRESS								
CITY-ST-ZIP								

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP



PAL HODAI

14-30-08

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Dayline Phone #