


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P04000015626	
1. Entity Name L W LAWNCARE INC.	

Principal Place of Business 16327 DYNASTY ROAD BROOKSVILLE, FL 34604	Mailing Address 16327 DYNASTY ROAD BROOKSVILLE, FL 34604
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DO NOT WRITE IN THIS SPACE



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0535817	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILCOMB, GAIL M 16327 DYNASTY ROAD BROOKSVILLE, FL 34604
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U000000902571 01/30/08-80011-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILCOMB, GAIL M 16327 DYNASTY RD BROOKSVILLE, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILCOMB, AARON 18315 DYNASTY ROAD BROOKSVILLE, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT HARPER, MARILYN G 6052 DESALES ST BROOKSVILLE, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA WILCOMB, LESLIE 16327 DYNASTY ROAD BROOKSVILLE, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Gail M Wilcomb pres. 4/15/08 352-279-9768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #