

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000015626

Entity Name: L W LAWNCARE INC.

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16327 DYNASTY ROAD  
BROOKSVILLE, FL 34604

**New Principal Place of Business:**

**Current Mailing Address:**

16327 DYNASTY ROAD  
BROOKSVILLE, FL 34604

**New Mailing Address:**

FEI Number: 03-0535817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILCOMB, GAIL M  
16327 DYNASTY ROAD  
BROOKSVILLE, FL 34604 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILCOMB, GAIL M  
Address: 16327 DYNASTY RD  
City-St-Zip: BROOKSVILLE, FL 34604

Title: VP  
Name: WILCOMB, AARON  
Address: 16315 DYNASTY ROAD  
City-St-Zip: BROOKSVILLE, FL 34604

Title: SECT  
Name: HARPER, MARILYN G  
Address: 6052 DESALES ST  
City-St-Zip: BROOKSVILLE, FL 34604

Title: TREA  
Name: WILCOMB, LESLIE  
Address: 16327 DYNASTY ROAD  
City-St-Zip: BROOKSVILLE, FL 34604

I hereby 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 all other like empowered.

SIGNATURE: GAIL WILCOMB

PRES

04/29/2012

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

\_\_\_\_\_  
Date