

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000025949

Entity Name: PRO LINE LAWN CARE, INC.

FILED
Mar 02, 2012
Secretary of State

Current Principal Place of Business:

3246 SUPREME DRIVE
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

3246 SUPREME DRIVE
HOLIDAY, FL 34691

New Mailing Address:

10471 MAHONING AVE
WEEKI WACHEE, FL 34614

FEI Number: 20-0708585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLIFTON, DAVID D MR.
3246 SUPREME DRIVE
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

CLIFTON, DAVID D MR.
10471 MAHONING AVE
WEEKI WACHEE, FL 34614 US

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

03/02/2012

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CLIFTON, DAVID D MR.
Address: 10471 MAHONING AVE
City-St-Zip: WEEKI WACHEE, FL 34614

Title: CFO
Name: CLIFTON, CHRISTINA B MRS
Address: 10471 MAHONING AVE
City-St-Zip: WEEKI WACHEE, FL 34614 FL

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: CHRISTINA CLIFTON

CFO

03/02/2012

Electronic Signature of Signing Officer or Director

Date