

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000031680	
1. Entity Name JOHN LONG LAWN SERVICE, INC.	

Principal Place of Business 6438 COLONIAL DR SARASOTA FL 34231 US	Mailing Address 6438 COLONIAL DR SARASOTA FL 34231 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 34-1985121	Applied For ☐ Not Applicable ☐

6. Name and Address of Current Registered Agent LONG, JOHN E 6438 COLONIAL DR SARASOTA FL 34231	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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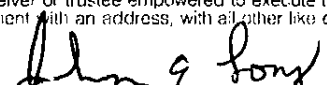
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Signature, typed or printed name of registered agent and title, if applicable.	DATE NOTE: Registered Agent's signature required when reconstituting.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete P LONG, JOHN E 6438 COLONIAL DR SARASOTA FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete T LONG, ELIZABETH A 6438 COLONIAL DR SARASOTA FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete V SALERNO, MICHAEL R 2036 LANDAU DR NORTHPORT FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete S SALERNO, KATRINA 2036 LANDAU DR NORTH PORT FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000026208 02/21/08-80041-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE:  John E Long 2-9-08 9419225420	DATE Day-Mon-Year
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