2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042782

Entity Name: BRAUN'S LAWNS, INC.

FILED Mar 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 777 HORSEMAN DRIVE 2096 TAYLOR ROAD PORT ORANGE, FL 32127 PORT ORANGE, FL 32128 US **Current Mailing Address: New Mailing Address:** 777 HORSEMAN DRIVE 2096 TAYLOR ROAD PORT ORANGE, FL 32127 PORT ORANGE, FL 32128 US FEI Number: 20-0749169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BRAUN, JONATHAN B FUIT, JOHN M JR 777 HORSEMAN DRIVE 2096 TAYLOR ROAD PORT ORANGE, FL 32127 US PORT ORANGE, FL 32128 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: JOHN M. FUIT, JR. 03/04/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BRAUN, JONATHAN B FUIT, JOHN M JR. Name: Name: 777 HORSEMAN DRIVE 2096 TAYLOR ROAD Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: PORT ORANGE, FL 32128 US () Delete Title: VΡ Title: () Change (X) Addition Name: Name: FUIT. ERIC M 2480 OLD SAMSULA ROAD Address: Address: PORT ORANGE, FL 32128 US City-St-Zip: City-St-Zip: Title: Title: () Delete SEC () Change (X) Addition FUIT, JOHN M Name: Name: 855 PINE FOREST TRAIL W. Address Address: City-St-Zip: City-St-Zip: PORT ORANGE, FL 32127 US Title: () Delete Title: **TREA** () Change (X) Addition FUIT, DAVID M Name: Name: Address: Address: 2480 OLD SAMSULA ROAD City-St-Zip: City-St-Zip: PORT ORANGE, FL 32128 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN M. FUIT, JR. P 03/04/2008