

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000059104

Entity Name: ALL SEASONS LAWN CARE INC

**FILED**  
**Jun 19, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

2425 APPALOOSA CIRCLE  
SARASOTA, FL 34240

**New Principal Place of Business:**

30631 BETTS RD  
MYAKKA CITY, FL 34251

**Current Mailing Address:**

2425 APPALOOSA CIRCLE  
SARASOTA, FL 34240

**New Mailing Address:**

30631 BETTS RD  
MYAKKA CITY, FL 34251

FEI Number: 20-0970054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRADSHAW, JOSEPH E  
2425 APPALOOSA CIRCLE  
SARASOTA, FL 34240 US

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

MILLER, DAVID W  
30631 BETTS RD  
MYAKKA CITY, FL 34251 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: DAVID W MILLER

06/19/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BRADSHAW, JOSEPH E  
Address: 2425 APPALOOSA CIRCLE  
City-St-Zip: SARASOTA, FL 34240

Title: ST ( ) Delete  
Name: BRADSHAW, SHARON  
Address: 2425 APPALOOSA CIRCLE  
City-St-Zip: SARASOTA, FL 34240

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MILLER, DAVID W  
Address: 30631 BETTS RD  
City-St-Zip: MYAKKA CITY, FL 34251

Title: ST (X) Change ( ) Addition  
Name: MILLER, DOREEN S  
Address: 30631 BETTS RD  
City-St-Zip: MYAKKA CITY, FL 34251

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: DAVID W MILLER

P

06/19/2008

Electronic Signature of Signing Officer or Director

Date