

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90239 030 ***150.00

DOCUMENT # P04000061742

1. Entity Name
OFF-DUTY LAWN CARE, INC.



Principal Place of Business
**837 FORESTWOOD DR
CLERMONT, FL 34711-7726**

Mailing Address
**837 FORESTWOOD DR
CLERMONT, FL 34711-7726**

2. Principal Place of Business - No P.O. Box #
11323 HASKELL DR
Suite, Apt. #, etc.

3. Mailing Address
11323 HASKELL DR
Suite, Apt. #, etc.

City & State
CLERMONT, FL

City & State
CLERMONT, FL

04242007 Chg-P CR2E034 (12/06)

Zip Country
34711

Zip Country
34711

4. FEI Number
76-0756469
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODDENBERRY, LANE M
837 FORESTWOOD DR
CLERMONT, FL 34711-7726**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
11323 HASKELL DR
City
CLERMONT, FL Zip Code
34711

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RODDENBERRY, LANE M
837 FORESTWOOD DR
CLERMONT, FL 347117726** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**11323 HASKELL DR
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE *Lane M. Roddenberry* **LANE M. RODDENBERRY** 4/24/07 (352) 242-5198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #