

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000061742

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



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

04-26-2007 90239 030 \*\*\*150.00

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 #

3. Mailing Address

11323 HASKELL DR

11323 HASKELL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT, FL

Zip

34711

City & State

CLERMONT, FL

Zip

34711

Country



04242007 Chg-P CR2E034 (12/06)

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

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODDENBERRY, LANE M 837 FORESTWOOD DR CLERMONT, FL 347117726	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11323 HASKELL DR CLERMONT, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #