



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P04000064555</b><br>1. Entity Name<br><b>SCOTT'S LAWN MAINTENANCE, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>P.O. BOX 3562<br/>PLANT CITY, FL 33563-0010</b> | Mailing Address<br><b>P.O. BOX 3562<br/>PLANT CITY, FL 33563-0010</b> |
|---|---|

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|  |                                       |
|--|---------------------------------------|
|  |                                       |
| 01182007 No Chg-P CR2E034 (11/05)  |                                       |
| 4. FEI Number<br><b>68-0581159</b>   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

**GILMORE, MELROSE R  
2540 KEYSVILLE DR  
LITHIA, FL 33547**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>GILMORE, SCOTT D<br/>P.O. BOX 3562<br/>PLANT CITY, FL 33563</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>GILMORE, MELROSE R<br/>2540 KEYSVILLE DR<br/>LITHIA, FL 33547</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:** *Melrose Gilmore Vice President* **2/26/07 813-967-6554**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #