2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2007 08:00 AM Secretary of State

(Gy) (4)-4758 Daylima Phone #

ANNUAL REPORT			Jan 12, 200 / 00:00 /	
1. Entity Nam	MENT # P0400007229 LAWN SERVICE, INC.	7		Secretary of State
Principal Place of Business 3472 DWIGHT ST PORT CHARLOTTE, FL 33981 _ PORT CHARLOTTE, FL 33981				
DO NOT WRITE IN THIS SPACE			CE	01042007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied For Not Applied For Not Applied For Not Applied For Required 5. Certificate of Status Desired □ \$8.75 Additional Fee Required
ALLESE, CHRISTOPHER 3472 DWIGHT ST PORT CHARLOTTE, FL 33981				DO NOT WRITE IN THIS SPACE
S. 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 Sile of applicable. (INDTE Registered Agent signature required when relinately) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees				
		<u> </u>		<i>v.</i> .
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PT ALLESE, CHRISTOPHER 3472 DWIGHT ST PORT CHARLOTTE, FL 33981	CTORS		000000584066 01/12/07-80020-022 150.00 DO NOT WRITE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				IN THIS SPACE
NAME STREET ADORESS CITY - ST - ZIP	certify that the information supplied with this don this report or supplemental report is true provation or the receiver or truster empowered, or on an attachment with an address, with a	filling does not qualify for the ex and accurate and that my signs ad to execute this report as requ all other like engagement.	emptions contained ture shall have the ired by Chapter 60	ed in Chapter 119, Florida Statules. I further certify that the information to same legal effect as if made under oath, that I am an officer or director 107, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _