## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P04000077816**

1. Entity Name

DEPENDABLE & RELIABLE LAWN, INC.



FILED Apr 23, 2007 08:00 AM Secretary of State

Principal Place of Business

2619 SILVER RIDGE DR. ORLANDO, FL 32818

Mailing Address

2619 SILVER RIDGE DR. ORLANDO, FL 32818



04172007

No Chg-P

CR2E034 (11/05)

4. FEI Number 84-1647018 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

PUGH, JAMES 2619 SILVER RIDGE DR. ORLANDO, FL 32818

## DO NOT WRITE IN THIS SPACE

ORLANDO, FL 32818			IN THIS SPACE		
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).					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		<b>\$5.00</b> May Be	UATE
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUGH, JAMES 2619 SILVER RIDGE DR. ORLANDO, FL 32818		U00000722704 05/02/07-80043-009 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				03/02/01-000 <del>4</del> 3-003 130.00
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP					

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: SIGNATURE AND

TITLE
NAME
STREET ADDRESS

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 Dale

(31) 229.5107.