2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000089237

1. Entity Name K & L LAWNS, INC.



FILED Apr 25, 2007 08:00 A Secretary of State

Principal Place of Business 846 S. BEACH STREET

DAYTONA BEACH, FL 32114

Mailing Address

846 S. BEACH STREET

DAYTONA BEACH, FL 32114 US

DO NOT WRITE IN THIS SPACE

01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1908142

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMIL, KENNETH L 846 S. BEACH STREET DAYTONA BEACH, FL 32114

DO NOT WRITE 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 alignature required when reinstating) DATE | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Trust Fund Contrib | | \$5.00 May Be Added to Fees | , |
| 10. | OFFICERS AND DIREC | TORS | | | U00000731082 |
| TITLE | P | | | | 05/08/07-80103-024 150.00 |
| NAME | HAMIL, KENNETH L | | | | |
| STREET ADDRESS | 846 S. BEACH STREET | | | | · · |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32114 | | | | I |
| TITLE | VP | | | | <i>i</i> |
| NAME | STRATTON, LINDA S | | • | | |
| STREET ADDRESS | 846 S. BEACH STREET | | 1 | | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32114 | | | | |
| MITE | | | | | |
| NAME | | | J | | |
| STREET ADDRESS | | | ł | DO | NOT WRITE |
| CITY-ST-ZIP | | | | | |
| TITLE | | | | IN ' | THIS SPACE |
| NAME | | • | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | | | |
| NAME - | | • | | | |

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS