


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90013 032 ***150.00

DOCUMENT # P04000096793	
1. Entity Name BRAD'S LAWN CARE, INC.	

Principal Place of Business 6 HEMLOCK PASS OCALA, FL 34472 US	Mailing Address 6 HEMLOCK PASS OCALA, FL 34472 US
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2. Principal Place of Business - No P.O. Box # 5605 S.E. 42nd Ave.	3. Mailing Address 5605 S.E. 42nd Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ocala, FL	City & State Ocala, FL
Zip 34480	Country Marion
Country Marion	Zip 34480

401000



08132007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1434497	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LUCAS, JAMES B 6 HEMLOCK PASS OCALA, FL 34472
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7. Name and Address of New Registered Agent Name James B. Lucas Street Address (P.O. Box Number is Not Acceptable) 5605 S.E. 42nd Ave City Ocala FL Zip Code 34480

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: James B. Lucas DATE: 8/13/07
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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCAS, JAMES B 6 HEMLOCK PASS OCALA, FL 34472 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUCAS, James B. 5605 S.E. 42nd Ave Ocala, FL 34480 <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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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: James B. Lucas DATE: 8/13/07 DAYTIME PHONE: (352) 427-8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR