

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000101952

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** MORRIS LAWN & GARDEN SERVICE INC.

**Current Principal Place of Business:**

196 JAMISON AVE  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2494  
LAKE PLACID, FL 33862

**New Mailing Address:**

**FEI Number:** 20-1347473

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRIS, ALBERT  
196 JAMISON AVE  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: MORRIS, ALBERT  
Address: PO BOX 2494  
City-St-Zip: LAKE PLACID, FL 33862

Title: VS  
Name: MORRIS, RAMONA  
Address: PO BOX 2494  
City-St-Zip: LAKE PLACID, FL 33862

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REMONA MORRIS

VS

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date