2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000113883

1. Entity Name
MEDINA LAWN CARE SERVICES, INC.



FILED Apr 21, 2008 08:00 All Secretary of State

Principal Place of Business

Mailing Address

10403 VENTURA AVE. TAMPA, FL 33619 US 10403 VENTURA AVE. TAMPA, FL 33619 US



DO NOT WRITE IN THIS SPACE

04162008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

WALDEN LAKE BUSINESS SERVICES,INC. 4314 BARRET AVE. PLANT CITY, FL 33566

DO NOT WRITE IN THIS SPACE

4-16-08

Davime Phone #

| 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 | | | | | |
|--|---|-------|--|--------------------------------|---------------------------|
| FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent s 9. Election Campaign Financing Trust Fund Contribution. | | | | \$5.00 May Be Added to Fees | DATE |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECT P MEDINA, JUAN 10403 VENTURA AVE. TAMPA, FL 33619 | CTORS | | | U00000908206 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | | | 05/06/08-80019-018 150.00 |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | | | NOT WRITE THIS SPACE |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | IIN | INIS SPACE |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | · |
| TITLE NAME STREET ADDRESS CITY-ST-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. | | | | | |