## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000114478

STEPHENS, ELIZABETH

ARCADIA, FL 34266

2019 SW CHARLOTTE STREET

Name:

Address:

City-St-Zip:

Entity Name: SOUTHWEST MOWERS & SWEEPERS, INC.

FILED Jan 21, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:		
2019 SW CHARLOTTE STREET ARCADIA, FL 34266				2061 SW CHARLOTTE STREET ARCADIA, FL 34266		
Current M	lailing Addre	ess:	New Mail	New Mailing Address:		
2019 SW CHARLOTTE STREET ARCADIA, FL 34266				2061 SW CHARLOTTE STREET ARCADIA, FL 34266		
FEI Number:	: 20-1434627	FEI Number Applied For()	FEI Number Not App	olicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
SUITE 101 ARCADIA, The above	FL 34266 L	JS	e purpose of changing	its registered	office or registered agent, or both	
SIGNATUR						
0.014, (1.01		onic Signature of Registered A	Agent	Date		
Election Car	npaign Financi	ng Trust Fund Contribution ( ).				
OFFICERS	S AND DIRE	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	STEPHENS, C	) Delete CHRISTOPHER J ARLOTTE STREET 34266	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STEPHENS,	ARLOTTE STREET	Title: Name: Address: City-St-Zip:	STEPHENS, J 2061 SW CHA	RLOTTE STREET	
Title: Name: Address: City-St-Zip:	STEPHENS, Ì	ARLOTTE STREET	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title:	D (	) Delete	Title:	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JONI STEPHENS VPS 01/21/2009