

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116597

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Entity Name:** LAWNSCAPERS OF PORT ST LUCIE, INC.

**Current Principal Place of Business:**

1689 SW GEMINI LANE  
PORT ST LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

1689 SW GEMINI LANE  
PORT ST LUCIE, FL 34984

**New Mailing Address:**

FEI Number: 20-2231853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KEITH, DANIEL  
1689 SW GEMINI LANE  
PORT ST LUCIE, FL 34984 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: PRES  
Name: KEITH, DANIEL PRES  
Address: 1689 SW GEMINI LANE  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: SEC  
Name: STOCKSTILL, MEGAN L SEC  
Address: 1689 SW GEMINI LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34984

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: MEGAN L STOCKSTILL

SEC

02/27/2012

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

\_\_\_\_\_ Date