## 2007 FOR PROFIT CORPORATION... **ANNUAL REPORT (AR)**

## **FILED** Mar 26, 2007 08:00 AM DOCUMENT # P04000123055 **Secretary of State** PERSONAL TOUCH LAWN MAINTENANCE, INC. Principal Place of Business Mailing Address 649 US HWY ONE 649 US HWY ONE SUITE 12 B NORTH PALM BEACH FL 33408 SUITE 12 B NORTH PALM BEACH FL 33408 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEi Number City & Stato Applied For 65-0765761 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAIEG, JERRY G SR. 13227 155TH PLACE NORTH Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33478 City Zip Code 8. The above named enilty submits this catemost for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of requi stered agen egistered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE ☐ Delete TITLE ☐ Change Addition SAIEG, JERRY G SR. NAME 13227 155TH PLACE NORTH STHEET ADDRESS STHEE I ADDRESS U00000680061 JUPITER FL 33478 CJTY - ST - ZIP CITY-SI-7IP 04/03/<u>07-80063</u> Change HILE ☐ Delete SAIEG, JERRY G SR. NAME NAME 13227 155TH PLACE NORTH STREET ADORESS STREET ADDRESS JUPITER FL 33408 CHY-ST-ZIP CITY-ST-7IP SEC III Delele Change | THE Addition NAME SAIEG, JERRY G SR NAME STRIET ADDRESS 13227 155TH PLACE NORTH STREET ADDRESS JUPITER FL 33408 CITY-ST-ZIP CHTY-51-71P Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. 7IP CITY-SI-ZIP TITLE ☐ Delete TIFLE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY+SI-ZIP CITY-SI-7IP Delete THLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trospe 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 life empowered.