2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P04000128037 2008 OCT 22 PM 3: 43 FRANKS QUALITY LAWN CARE, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 1079 NW 22 COURT 1079 NW 22 COURT BELL, FL 32619 US BELL, FL 32619 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 09172008 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 90-0214911 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PELAEZ, FRANK R Street Address (P.O. Box Number is Not Acceptable) 1079 NW 22 COURT BELL, FL 32619 Zip Code FL 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. (NOTE: Registered Agent signature requ med at printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE PELAEZ FRANK R NAME NAME 1079 NW 22 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BELL, FL 32619 VP ☐ Delete TITLE TITLE PELAEZ, DIANE M NAME NAME STREET ADDRESS STREET ADDRESS 1079 NW 22 COURT CITY-ST-ZIP BELL, FL 32619 CITY-ST-ZIP Addition TITLE TITLE Delete NAME NAME REINSTATEME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

Frank's Quality Lawn Care, Inc.

1079 N.W. 22 Court

Bell, Florida 32619
(352)-463-2988 Phone/Fax
Frpdmp7895@aol.com

October 14, 2008

Florida Department of State

Division of Corporation

Reference No. PO4000128037

P04000128037

Thanks for your recent notice. I am enclosing the completed Annual Report for Frank's Quality Lawn Care. Also, enclosed is a check in the amount of \$150.00. I did not receive a notice for the annual report. This is the second year this has happened to us, and not sure if has to do with other mail delivery issues we have had. Please accept my apologies, and we will do our best to comply with your rules and requests.

Sincerely,

Diane Pelaez, Vice President



We work hard to make your yard beautiful!