

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166959

FILED
Jan 15, 2007
Secretary of State

Entity Name: LIVAN OLIVER'S LAWN CARE CORPORATION

Current Principal Place of Business:

1175 MARNI RIDGE CT
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

1175 MARNI RIDGE CT
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: 20-1992874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVER, LIVAN
1175 MARNI RICH CT
KISSIMMEE, FL 34747 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLIVER, LIVAN
Address: 1175 MARNI RICH CT
City-St-Zip: KISSIMMEE, FL 34747

Title: S () Delete
Name: OLIVER, LIVAN
Address: 1175 MARNI RICH CT
City-St-Zip: KISSIMMEE, FL 34747

Title: S () Delete
Name: VALDERRAMA, VLADIMIR
Address: 986 FL PKWY
City-St-Zip: KISSIMMEE, FL 34743

Title: VP () Delete
Name: CRUZ, FIDEL A
Address: 1175 MARNI RIDGE CT.
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: LIVAN OLIVER

P

01/15/2007

Electronic Signature of Signing Officer or Director

Date