


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

Dept. OF STATE

DOCUMENT # P05000001433


1. Entity Name
FAMILY CARE LAWN SERVICE, INC.



Principal Place of Business Mailing Address

169 VERMONT AVE 169 VERMONT AVE
 FT MYERS, FL 33905 FT MYERS, FL 33905

DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 76-0775111 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WINEGARDNER, LISA
 169 VERMONT AVE
 FT MYERS, FL 33905

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WINEGARDNER, LISA 169 VERMONT AVE FT MYERS, FL 33905 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV HELVESTON, GRADY S III 169 VERMONT AVE FT MYERS, FL 33905 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST HELVESTON, MARY B 169 VERMONT AVE FT MYERS, FL 33905 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000618432
 02/08/07-80029-011 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE  **01-31-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #