

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 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**



01212008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 76-0775111      Not Applicable

5. Certificate of Status Desired            **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$650.00**

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

DATE  
 U00000013016  
 02/13/08-20019-015 150.00

**10. OFFICERS AND DIRECTORS**

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

**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:** *Lisa Winegardner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #