2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000001433

1. Entity Name

FAMILY CARE LAWN SERVICE, INC.



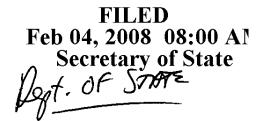
Principal Place of Business

WINEGARDNER, LISA

169 VERMONT AVE FT MYERS, FL 33905

169 VERMONT AVE FT MYERS, FL 33905 Mailing Address

169 VERMONT AVE FT MYERS, FL 33905





DO NOT WRITE IN THIS SPACE

01212008

No Chg-P

CR2E034 (11/05)

4. FEI Number 76-0775111

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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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.

Signature, typed or printed name of registared agent and little if applicable

6. Name and Address of Current Registered Agent

(NOTE, Registered Agent signature required when reinstating)

LICOTODO 1 2016

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 **9.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees 02/13/08-80019-015 150.00

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	

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:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #