

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000001433

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** FAMILY CARE LAWN SERVICE, INC.

**Current Principal Place of Business:**

169 VERMONT AVE  
FT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

169 VERMONT AVE  
FT MYERS, FL 33905

**New Mailing Address:**

**FEI Number:** 76-0775111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WINEGARDNER, LISA  
169 VERMONT AVE  
FT MYERS, FL 33905 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WINEGARDNER, LISA  
Address: 169 VERMONT AVE  
City-St-Zip: FT MYERS, FL 33905

Title: DVP  
Name: HELVESTON, GRADY S III  
Address: 169 VERMONT AVE  
City-St-Zip: FT MYERS, FL 33905

Title: DST  
Name: HELVESTON, MARY B  
Address: 169 VERMONT AVE  
City-St-Zip: FT MYERS, FL 33905

I hereby 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 all other like empowered.

SIGNATURE: MARY HELVESTON

DST

04/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date