

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000001433

FILED
Jun 29, 2012
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: LISA WINEGARDNER

DP

06/29/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date