

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018688

Entity Name: G & E LAWN PROS INC.

FILED  
Apr 06, 2007  
Secretary of State

**Current Principal Place of Business:**

18909 5TH PLACE SW  
LUTZ, FL 33548

**New Principal Place of Business:**

601 DUQUE ROAD  
LUTZ, FL 33549

**Current Mailing Address:**

POB 9029  
BROOKSVILLE, FL 34604

**New Mailing Address:**

PO BOX 9029  
MASARYKTOWN, FL 34604

FEI Number: 20-2355418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEERS, JENNY L  
18909 5TH PLACE SW  
LUTZ, FL 33548 US

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

TOOLE, JULIA S  
601 DUQUE ROAD  
LUTZ, FL 33549 US

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: JULIA TOOLE

04/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TOOLE, WILLIAM  
Address: 601 DUQUE RD  
City-St-Zip: LUTZ, FL 33549

Title: SD ( ) Delete  
Name: TOOLE, JULLIA S  
Address: 601 DUQUE RD  
City-St-Zip: LUTZ, FL 33549

Title: TD (X) Delete  
Name: MEERS, JENNY L  
Address: 18909 5TH PLACE SW  
City-St-Zip: LUTZ, FL 33548

Title: VPD (X) Delete  
Name: MEERS, GEORGE W  
Address: 18909 5TH PLACE SW  
City-St-Zip: LUTZ, FL 33548

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: TOOLE, JULLIA S  
Address: 601 DUQUE RD  
City-St-Zip: LUTZ, FL 33549

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JULIA TOOLE

VPD

04/06/2007

Electronic Signature of Signing Officer or Director

Date