2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 08:00 AN Secretary of State

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1. Entity Name

MICHAEL WHITE FOUR SEASONS LAWN CARE, INC.



Principal Place of Business

410 LAUREL PARK PLACE SEFFNER, FL 33584 Mailing Address

PO BOX 47255 TAMPA, FL 33647



DO NOT WRITE IN THIS SPACE

 01112008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 20-2341556
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, MICHAEL V 410 LAUREL PARK PLACE SEFFNER, FL 33584

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. Tam familiar with, and accept the obligations of registered agent								
SIGNATURE	Signature, typed or printed name of registered agent and title a	applicable. (NOTE: Registered	d Agent signature	required when reinstaling)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS			-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, MICHAEL V 410 LAUREL PARK PLACE SEFFNER, FL 33584				V00000807003			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					02/06/08-80064-021 150.00			
DITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE			
TITLE NAME STREET ADDRESS CHY-SI-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•			
indicated	on this report or supplemental report is true a	nd accurate and that my signat	ure shall hav	ve the same legat effec	9, Florida Statules I further certify that the information of as if made under oath; that I am an officer or directores; and that my name appears in Block 10 or Block 11 if			