



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000027070 1. Entity Name ABSOLUTE LAWNS, INC.				FILED 07 SEP 19 AM 10:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 100 BIRCHWOOD DRIVE MAITLAND, FL 32751 US		Mailing Address P.O. BOX 948501 MAITLAND, FL 32794 US			
2. Principal Place of Business - No P.O. Box # 407 Lake Howell Road		3. Mailing Address Suite, Apt. #, etc. Suite 116			
City & State Maitland FL		City & State Maitland FL			
Zip 32751		Country USA			
4. FEI Number 20-2361824		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, DENNIS S 100 BIRCHWOOD DRIVE MAITLAND, FL FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 407 Lake Howell Road Suite 116 City Maitland FL Zip Code 32751			
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 <u><i>Dennis S. Hall</i></u> DATE <u>9-14-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-statuting)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, DENNIS S 100 BIRCHWOOD DRIVE MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 407 Lake Howell Rd Suite 116 Maitland FL 32751		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, JENNIFER L 100 BIRCHWOOD DRIVE MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 407 Lake Howell Rd Suite 116 Maitland FL 32751		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; text-align: center;">\$79/21</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800109879559 09/25/07--01017--003 **550.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Dennis S. Hall</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>9-14-07</u>		Daytime Phone # <u>407 786-5296</u>	