2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000037385

1. Entity Name
GREEN'S LAWN CARE, INC.

Principal Place of Business	Mailing Address
133 SW 15 AVE #12 DELRAY BEACH, FL 33444 US	PO BOX 7241 DELRAY BEACH, FL 33482-7241

01222007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2451246	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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6. Name and Address of Current Registered Agent

GREEN, DIANE
133 SW 15 AVE #12
DELRAY BEACH, FL 33444

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 _____
   Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	U00000617964 02/02/07-80010-022 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DPS
NAME	GREEN, DIANE
STREET ADDRESS	133 SW 15 AVE #12
CITY-ST-ZIP	DELRAY BEACH, FL 33444

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Diane Green, Diane Green_   1/29/07
   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #