

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058091

FILED  
Mar 28, 2008  
Secretary of State

Entity Name: TRIPLE D'S LAWN CARE, INC.

## Current Principal Place of Business:

12065 METRO PKWY #201  
FT MYERS, FL 33912

## New Principal Place of Business:

1047 NW 36TH AVE  
CAPE CORAL, FL 33993

## Current Mailing Address:

12065 METRO PKWY #201  
FT MYERS, FL 33912

## New Mailing Address:

1047 NW 36TH AVE  
CAP CORAL, FL 33993

FEI Number: 20-2331547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COOK, ODILIA  
12065 METRO PKWY #201  
FT MYERS, FL 33912 US

## Name and Address of New Registered Agent:

PETRACCA, ODILIA  
1047 NW 36TH AVE  
CAPE CORAL, FL 33993 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: ODILIA PETRACCA

03/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COOK, ODILIA  
Address: 12065 METRO PKWY #201  
City-St-Zip: FT MYERS, FL 33912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PETRACCA, ODILIA  
Address: 1047 NW 36TH AVE  
City-St-Zip: CAPE CORAL, FL 33993

I hereby certify that the information supplied with this filing does not qualify 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: ODILIA PETRACCA

D

03/28/2008

Electronic Signature of Signing Officer or Director

Date