2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060518

PALMETTO, FL 34221

City-St-Zip:

Entity Name: TOM & SONS LAWN SERVICE, INC

FILED Apr 28, 2008 Secretary of State

Entity Nai	me: TOM&S	JINS LAWIN SERVICE, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
921 EAST KLOSTERMAN RD. TARPON SPRINGS, FL 34689				3312 63RD STREET EAST PALMETTO, FL 34221	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
921 EAST KLOSTERMAN RD. TARPON SPRINGS, FL 34689				3312 63RD STREET EAST PALMETTO, FL 34221	
FEI Number	: 20-2844155	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
GERMINO, MICHAEL 921 EAST KLOSTERMAN RD. TARPON SPRINGS, FL 34689 US				INGALLS, CHESTER 3495 5TH AVENUE NORTH ST. PETERSBURG, FL 33713 US	
	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: CHESTER W. INGALLS				04/28/2008	
Election Car		ic Signature of Registered Age Trust Fund Contribution ().	nt	Date	
		· ·	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS:	
OFFICERS AND DIRECTORS:					
Title: Name:	PD () COLLIER, THO	Delete	Title: Name:	() Change () Addition	
Address:	3312 63RD ST		Address:		
City-St-Zip:	PALMETTO, FL		City-St-Zip:		
Title:	VD ()	Delete	Title:	() Change () Addition	
Name:	COLLIER, MAR		Name:	() change () haditein	
Address:	3312 63RD ST		Address:		
City-St-Zip:	PALMETTO, FL	34221	City-St-Zip:		
Title:	SD ()	Delete	Title:	() Change () Addition	
Name:	COLLIER, RYA		Name:		
Address:	3312 63RD ST		Address:		
City-St-Zip:	PALMETTO, FL	34221	City-St-Zip:		
Title:	TD ()	Delete	Title:	() Change () Addition	
Name:	COLLIER, TIM		Name:		
Address:	3312 63RD ST		Address:		

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.

City-St-Zip:

SIGNATURE: THOMAS G. COLLIER V.P. 04/28/2008