2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)

DOCUMENT # P05000062290 1. Entity Name



FILED Feb 07, 2008 08:00 Al Secretary of State

BARBERS	SHOP LAWN SERVICE, INC.				centy o	n Stat		
Principal Place of Business 4451 HACKAMORE RD. SARASOTA FL 34241 US		Mailing Address 4451 HACKAMORE RD. SARASOTA FL 34241 US						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				JAN 11414 11616 1617 54		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1:	1st MOORE CR2E034 (10/07)			
City & State		City & State		4. FEI Numt	ber 13-4297704	\\	pplied For of Applicable	
Zıp	Country	Zip	Country	5. Certificat	e of Status Desired	\$8.75 Add		
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New Registers	d Agent		
				Name				
445	EIDER, JONATHAN L 1 HACKAMORE RD. BASOTA FL 34241	Street Add		ss (P.O. Box Number is Not Acceptable)				
OA!	100121234241							
			City		F	Zip Cod	ie -	
8. The above named entity submits this statement for the purpose of changing its registered affice 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 habit of repristred agent.		Registered Agent eigentum reg	umed where constitute gr	DAT	Œ		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State.					9. Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KREIDER, JONATHAN L 4451 HACKAMORE RD. SARASOTA FL 34241	☐ Derete	TIFLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ De≀de	TITLE NAME STREET ADDRESS CITY-S1-ZIP		U00000818846 02/15/08-80059-	G □ Change -011 150.	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De ele	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Acdition	
12 I harabu i	certify that the information examined with	thin filing door not mucliful	or the averentians again	unad in Caption 11	ID Elocido Chabutan I fuebbar e	المسام وسيام والماسية		

indicated on this report or supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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:

Jonathan Kreider

941-374-9164 Daythie Phone •