## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000085788

Entity Name: S & N LANDSCAPING AND LAWN SERVICE, INC

FILED Feb 26, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

8530 LAZY RIVER DRIVE 4629 16TH AVE SOUTH TAMPA, FL 33617 ST PETERSBURG, FL 33711

Current Mailing Address: New Mailing Address:

8530 LAZY RIVER DRIVE 4629 16TH AVE SOUTH TAMPA, FL 33617 ST PETERSBURG, FL 33711

FEI Number: 36-4576360 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRAY, NEWTON D

8530 LAZY RIVER DRIVE
TAMPA, FL 33617 US

GRAY, NEWTON D

4629 16TH AVE SOUTH

ST PETERSBURG, FL 33711 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: NEWTON GRAY 02/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: VP (X) Change ( ) Addition Name: MCLACHLAN, STEPHANIE B Name: WADE, KIRAN

 Address:
 8530 LAZY RIVER DRIVE
 Address:
 4629 16TH AVE SOUTH

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:
 ST PETERSBURG, FL 33711

Title: VP ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 HENRY, HARTLEY
 Name:
 HENRY, HARTLEY

 Address:
 8530 LAZY RIVER DRIVE
 Address:
 4629 16TH AVE SOUTH

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:
 ST PETERSBURG, FL 33711

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MCLACHLAN, STEPHANIE B
 Name:

 Address:
 8530 LAZY RIVER DRIVE
 Address:

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NEWTON GRAY RA 02/26/2007