

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000100542

1. Entity Name

BAIRD'S LAWN ENFORCEMENT, INC.



Principal Place of Business

**3808 SW SHOREWOOD DRIVE
DUNNELLON, FL 34431**

Mailing Address

**3808 SW SHOREWOOD DRIVE
DUNNELLON, FL 34431**



03102008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3164090

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIMONS, JOHN S
121 NW3RD STREET
OCALA, FL 34475**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

000000856587
03/28/08-80018-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BAIRD, BRIAN W
STREET ADDRESS	12750 SE 98TH LANE
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE	D
NAME	BAIRD, CHRIS A
STREET ADDRESS	1140 SW SANDS POINT AVENUE
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Brian Baird
Brian Baird

3/10/08

(352) 465-0050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #