2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2009
Secretary of State

DOCUMENT# P05000111575

Entity Name: QUALITY LAWN CARE AND MAINTENANCE INC.

Current Principal Place of Business:

917 LAKE CHARLES CR.
LUTZ, FL 33548 US

New Principal Place of Business:

Current Mailing Address:

917 LAKE CHARLES CR.
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 11-3756922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNO, ANDREW
917 LAKE CHARLES CR.
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: BARNO, ANDREW
Address: 917 LAKE CHARLES CR.
City-St-Zip: LUTZ, FL 33548 US

Title: PRES ( ) Delete
Name: BARNO, AMY
Address: 917 LAKE CHARLES CR.
City-St-Zip: LUTZ, FL 33548 US

Title: SEC ( ) Delete
Name: BARNO, ANDREW
Address: 917 LAKE CHARLES CR.
City-St-Zip: LUTZ, FL 33548 US

Title: VP ( ) Delete
Name: BARNO, ANDREW
Address: 917 LAKE CHARLES CR.
City-St-Zip: LUTZ, FL 33548 US

Title: TREA ( ) Delete
Name: BARNO, ANDREW
Address: 917 LAKE CHARLES CR.
City-St-Zip: LUTZ, FL 33548 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANDREW BARNO VP 05/19/2009

Electronic Signature of Signing Officer or Director Date