

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000113139

1. Entity Name
CLERMONT LAWN CARE, INC.



Principal Place of Business
13205 PALMER DR
CLERMONT, FL 34711

Mailing Address
13205 PALMER DR
CLERMONT, FL 34711

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202007 Chg-P CR2E034 (12/06)

4. FEI Number
06-1753998

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, LEONDER
13205 PALMER DR
CLERMONT, FL 34711

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	LEWIS, LEONDER	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	13205 PALMER DR	
CITY-ST-ZIP	CLERMONT, FL 34711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE	LEWIS, PAMELA	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	13205 PALMER DR	
CITY-ST-ZIP	CLERMONT, FL 34711	

Change Addition

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Change Addition

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Change Addition

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Change Addition

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-07 352-394-0762
Date Daytime Phone #

ED HAVILL
LAKE COUNTY PROPERTY APPRAISER
P.O. BOX 1027
TAVARES, FL 32778-1027

ATTACHMENT

40054443

#PA0000113139

INTU

Tangible Personal Property Tax Return
Confidential Section 193.074 F.S.
As Required by Section 193.052 and 193.062 F.S. Return to
County Property Appraiser By April 1 to Avoid Penalties
State of Florida, County of LAKE 2007

Business Name (DBA — Doing Business As) and Mailing Address

CLERMONT LAWN CARE, INC
13205 PALMER DRIVE
CLERMONT, FL 34711-9388

If name and address is incorrect make necessary corrections

This return subject to audit with all records kept by you.

Incomplete entries are subject to penalties.

1 Please give name and telephone number of Owner or Person in charge of this Business.

Name LEONDER LEWISTelephone 352-536-1212Corporate Name SAME

2 Actual Physical Location of Property for Which this Return is Filed
(Street Address — Not P.O. Box)

13205 PALMER DR

3 Is your business or farm located within the incorporated limits of a City?..... Yes X No
What City? CLERMONT

4 Do You File a Tangible Personal Property Tax Return Under Any Other Name?..... Yes No X

Please Show name Exactly as it Appeared on Your most recent Personal Property Tax Bill or Other Current Tax Return.

5 Date you began business in this county: 8/15/2005
Fiscal year: 12

5a Although my fiscal year ended prior to December 31 of the past calendar year, this return reflects property additions and deletions through December 31..... Yes No X

6 Describe Type or Nature of Your Business:
LAWN CARE

7 Trade Level (Check as many as apply)
Retail Wholesale Manufacturing Professional
Service Agriculture Leasing/Rental Other

8 Did you file a Tangible Personal Property Return in this county last Year?..... Yes No X
If so, under what name and where? _____

9 Former owner of the Business: PETER G MURRAY

9a If Business sold, to whom?
Date Sold _____

Personal Property Summary

THIS IS A SUMMARY SCHEDULE ONLY. The Schedules on the REVERSE SIDE must be completed in detail and TOTALS entered below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE showing Original Cost and Date of Acquisition.

	Taxpayer's Estimate of Fair Market Value	Original Installed Cost	Appraiser's Use only
10 Office Furniture and Office Machines and Library.....			
11 EDP Equipment, Computers, Word Processors.....			
12 Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc...			
13 Machinery and Manufacturing Equipment.....	7,645.	12,487.	
14 Farm, Grove, and Dairy Equipment.....			
15 Professional, Medical, Dental and Laboratory Equipment.....			
16 Hotel, Motel, and Apartment Complex.....			
16a Rental Units — Stove, Refrigerator, Furniture, Drapes and Appliances.....			
17 Mobile Home Attachments (Carport, Utility Building, Cabana, Porch, Etc).....			
18 Service Station and Bulk Plant Equipment — Underground Tanks, Lifts, Tools.....			
19 Signs — Billboard, Pole, Wall, Portable, Directional, Etc.....			
20 Leasehold improvements must be grouped by type, year of installation and description.....			
21 Pollution Control Equipment.....			
22 Equipment owned by you but rented, leased or held by others.....			
23 Supplies — Not Held for Resale.....			
24 Other — Please Specify.....			
TOTAL PERSONAL PROPERTY.....	7,645.	12,487.	

Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.

DATE 07 TITLE Fac. Ass't
SIGNED Leonda Lewis (TAXPAYER)
SIGNED H. J. GREENLEE, JR., CPA J. Greenley (PREPARER)
ADDRESS 605 MONTROSE STREET
CLERMONT FL 34711
PHONE NO. 352-394-3256 PREPARER'S ID NO. 261-50-1491

LESS EXEMPTION: WIDOW WIDOWER BLIND
 TOTAL DISABILITY OTHER

Taxable value.....
Deputy Penalty

Please sign and date your return, send the original to the county appraiser's office by April 1, unsigned returns cannot be accepted by the appraiser's office.

Notice: If you are entitled to a widow's, widower's or disability exemption on personal property (not already claimed on real estate) consult appraiser.

GREENLEE, KURRAS, RICE & BROWN, PA CPA'S

