

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90014 045 \*\*\*150.00

**DOCUMENT # P05000113232**

1. Entity Name  
**LAWN ENFORCEMENT BY THE BOOK, INC.**



40049380

Principal Place of Business  
2185 HUNTERFIELD ROAD  
MAITLAND, FL 32751

Mailing Address  
2185 HUNTERFIELD ROAD  
MAITLAND, FL 32751

2. Principal Place of Business - No P.O. Box #  
**2185 Hunter field Rd.**

3. Mailing Address  
**2185 Hunterfield Rd**

Suite, Apt. #, etc.

City & State  
**Maitland FL**

City & State  
**Maitland FL**

Zip  
**32751**

Country  
**U.S.**

03182008 Chg-P CR2E034 (12/06)

4. FEI Number **42-1758121**

NOT APPLICABLE

Applied For  
Not Applicab

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

**6. Name and Address of Current Registered Agent**

**PILLING, BRANDON M**  
**2185 HUNTERFIELD ROAD**  
**MAITLAND, FL 32751**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRES</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME <b>PILLING, BRANDON M</b>		NAME	
STREET ADDRESS <b>2185 HUNTERFIELD ROAD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MAITLAND, FL 32751</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *B. J. Pilling* 3-17-08 407-453-4122