

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000135290

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** FIRST COAST LAWN CARE INC.

**Current Principal Place of Business:**

7406 MAPLE TREE DR  
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

**Current Mailing Address:**

7406 MAPLE TREE DR  
JACKSONVILLE, FL 32277

**New Mailing Address:**

**FEI Number:** 20-3588885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARVER, JILL L  
7406 MAPLE TREE DR  
JACKSONVILLE, FL 32277 US

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

CARVER, JARED L  
7406 MAPLE TREE DR  
JACKSONVILLE, FL 32277 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:** JARED L CARVER

03/01/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CARVER, JILL L  
**Address:** 7406 MAPLE TREE DR  
**City-St-Zip:** JACKSONVILLE, FL 32277

**Title:** P  
**Name:** CARVER, JARED L  
**Address:** 7406 MAPLE TREE DR  
**City-St-Zip:** JACKSONVILLE, FL 32277

I hereby 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 all other like empowered.

**SIGNATURE:** JARED L CARVER

P

03/01/2010

Electronic Signature of Signing Officer or Director

Date