

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000138793

Entity Name: LAWN & POOL RESCUE, INC.

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6527 SOLITAIRE PALM WAY  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

6527 SOLITAIRE PALM WAY  
APOLLO BEACH, FL 33572

**New Mailing Address:**

FEI Number: 20-3612624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUBBARD, WILLIAM L III  
6527 SOLITAIRE PALM WAY  
APOLO BEACH, FL 33572 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: HUBBARD, WILLIAM L III  
Address: 6527 SOLITAIRE PALM WAY  
City-St-Zip: APOLLO BEACH, FL 33572

Title: DVPT  
Name: HUBBARD, ELIZABETH A  
Address: 6527 SOLITAIRE PALM WAY  
City-St-Zip: APOLLO BEACH, FL 33572

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: WILLIAM HUBBARD III

DVPT

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date