

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139129

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** LATITUDE 26 LAWN & GARDEN CARE, INC.

**Current Principal Place of Business:**

8647 IBIS COVE CIRCLE  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 990395  
NAPLES, FL 34116 US

**New Mailing Address:**

P.O. BOX 3383  
NAPLES, FL 34106 US

**FEI Number:** 11-3760917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHWEIKHARDT, KATHERINE A ESQ.  
900 SIXTH AVENUE SOUTH  
SUITE 203  
NAPLES, FL 34102 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:** P T  
**Name:** ARMSTEAD, JASON K  
**Address:** 8647 IBIS COVE CIRCLE  
**City-St-Zip:** NAPLES, FL 34119 US

**Title:** VP S  
**Name:** ARMSTEAD, REBECCA L  
**Address:** 8647 IBIS COVE CIRCLE  
**City-St-Zip:** NAPLES, FL 34119 US

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:** REBECCA ARMSTEAD

VP

02/23/2010

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

\_\_\_\_\_  
Date