


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90053 025 ***150.00

DOCUMENT # P05000142712			
1. Entity Name GUTIERREZ & SON LAWN CARE, INC.			
Principal Place of Business 3681 SEMINOLE STREET GOTHA, FL 34734 US		Mailing Address P O BOX 763 OCOEE, FL 34761 US	
2. Principal Place of Business - No P.O. Box # 1877 TWIN LAKE DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Gotha, FL		City & State	
Zip 34734	Country US	Zip	Country
6. Name and Address of Current Registered Agent SMALLEY & COMPANY, P.L. 1517 E HILLCREST STREET ORLANDO, FL 32803		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUTIERREZ, SANDRA 3681 SEMINOLE STREET GOTHA, FL 34734 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1877 TWIN LAKE DR GOTHA, FL 34734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUTIERREZ, FRANCISCO 3681 SEMINOLE STREET GOTHA, FL 34734 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1877 TWIN LAKE DR GOTHA, FL 34734
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Sandra Gutierrez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4-1-2007</u> Daytime Phone #: <u>407-810-0473</u>	