

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000143007

FILED
Jan 12, 2009
Secretary of State

Entity Name: GROUNDS MASTER OF S.W.F., INC.

Current Principal Place of Business:

15830 JONES ROAD
FORT MYERS, FL 339172545

New Principal Place of Business:

15830 JONES ROAD
NORTH FORT MYERS, FL 33917

Current Mailing Address:

15830 JONES ROAD
FORT MYERS, FL 339172545

New Mailing Address:

15830 JONES ROAD
NORTH FORT MYERS, FL 33917

FEI Number: 90-0260209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACON, MAURICE K
15830 JONES ROAD
FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

MACON, MAURICE K
15830 JONES ROAD
NORTH FORT MYERS, FL 33917 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:

01/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MACON, MAURICE K
Address: 15830 JONES ROAD
City-St-Zip: FORT MYERS, FL 33917

Title: VP () Delete
Name: MACON, LISA L
Address: 15830 JONES ROAD
City-St-Zip: FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MACON, MAURICE K
Address: 15830 JONES ROAD
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VP (X) Change () Addition
Name: MACON, LISA L
Address: 15830 JONES ROAD
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISA MACON

VP

01/12/2009

Electronic Signature of Signing Officer or Director

Date