## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jul 16, 2007 8:00 am Secretary of State **DOCUMENT # P05000151456** 1. Entity Name 07-16-2007 90123 027 \*\*\*150.00 LAWN CRAFTERS, INC. Principal Place of Business Mailing Address 4384 RAMBLEWOOD NORTH 4384 RAMBLEWOOD NORTH MULBERRY, FL 33860 MULBERRY, FL 33860 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Ramblewood Nort 1076 h: 0 : Suite, Apt. #, etc. Suite, Apt. #, etc. 07052007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Mulberry 83-0440665 Not Applicable Country USA Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKER, JOY L Street Address (P.O. Box Number is Not Acceptable) 4384 RAMBLEWOOD NORTH MULBERRY, FL 33860 City 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 Signature, typed or printed neone of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Change Addition NAME PARKER, JOY L NAME STREET ADDRESS STREET ADDRESS 4384 RAMBLEWOOD NORTH CITY-ST-ZIP MULBERRY, FL 33860 CITY-ST-ZIP VP TITLE Delete TITLE ☐ Change ☐ Addition PARKER, STEVEN D JR. NAME NAME 4384 RAMBLEWOOD NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MULBERRY, FL 33860 CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition IIILE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete MIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

anker

G OFFICER OR DIRECTOR

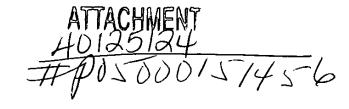
SIGNATURE:

**FILED** 

Daytime Phone #

July 6, 2007

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500



## To whom it may concern:

Towards the end of April I tried to submit my application on line several times. However, it wouldn't let me in the website. The site just sat there, after trying several times I was frozen from the site. I tried other sites on the internet to see if it was my computer but I could get on the other internet sites. I am not sure what was wrong with your site or possibly what I was doing wrong.

Do to the problems that I was having am I responsible for the late fee? I have enclosed a check for \$150.00 for the report. Please let me know should you not accept my check and not approve the Annual Report.

Thank you for your time and consideration to this request.

Have a great day!

Sincerely,

Joy L. Parker Lawn Crafters, Inc.

Lawn Crafters, Inc.

Tel: 863.869.9854 Cell: 863.581.4022

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