

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000156805

Entity Name: C.M. LAWN CARE, INC.

FILED
Apr 14, 2007
Secretary of State

Current Principal Place of Business:

300 NW 3RD STREET
BOCA RATON, FL 33431

New Principal Place of Business:

300 NW 22ND STREET
BOCA RATON, FL 33431

Current Mailing Address:

300 NW 3RD STREET
BOCA RATON, FL 33431

New Mailing Address:

300 NW 22ND STREET
BOCA RATON, FL 33431

FEI Number: 20-3860253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXIME, CLAUDE
300 NW 22ND STREET
BOCA RATON, FL 33431 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: DPST () Delete
Name: MAXIME, CLAUDE
Address: 200 NW 3RD STREET
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: MAXIME, CLAUDE
Address: 300 NW 22ND STREET
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDE MAXIME

DPST

04/14/2007

Electronic Signature of Signing Officer or Director

Date