2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164861

Entity Name: TONY'S LAWN CARE OF JACKSONVILLE, INC

Apr 25, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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615 GLORIA DRIVE

JACKSONVILLE, FL 32221 US

Current Mailing Address: New Mailing Address:

10373 MEADOW POINT DR 2511 SUMMERFIELD LANE JACKSONVILLE, FL 32221 US JACKSONVILLE, FL 32234 US

FEI Number: 20-3957253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARTIN, ANTHOMY E PRES 615 GLORIA STREET JACKSONVILLE, FL 32221 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

MARTIN, ANTHONY E Name: 615 GLORIA STREET Address:

City-St-Zip: JACKSONVILLE, FL 32221 US

Title:

MARTIN, ANTHONY E PRESIDE Name:

615 GLORIA DR Address:

JACKSONVILLE, FL 32221 City-St-Zip:

Title:

MARTIN, ANTHONY E PRES Name:

615 GLORIA DR Address:

City-St-Zip: JACKSONVILLE, FL 32221

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JACKSONVILLE, FL 32221 City-St-Zip:

Title:

MARTIN, ANTHONY E PRES Name:

Address: 615 GLORIA DR

City-St-Zip: JACKSONVILLE, FL 32221

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: ANTHONY E MARTIN **PRES** 04/25/2012