

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90066 045 \*\*\*150.00

**DOCUMENT # P06000003203**

1. Entity Name  
**SHEILA & TERRY LAWN SERVICE INC.**



Principal Place of Business      Mailing Address  
**17684 81ST LANE NORTH**      **17684 81ST LANE NORTH**  
**LOXAHATCHEE, FL 33470**      **LOXAHATCHEE, FL 33470**

40033100



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**17684 81st Ln North**      **17684 81st Lane North**  
 Suite, Apt. #, etc      Suite, Apt. #, etc

02122007      Chg-P      CR2E034 (12/06)

City & State      City & State  
**LOXAHATCHEE FL**      **LOXAHATCHEE**  
 Zip      Country      Zip      Country  
**33470**      **USA**      **33470**      **USA**

4. FEI Number      Applied For  
**20-4077384**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COURSON, SHEILA**  
**17684 81ST LANE NORTH**  
**LOXAHATCHEE, FL 33470**

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: *Sheila Courson*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COURSON, SHEILA	
STREET ADDRESS	17684 81ST LANE NORTH	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEVAN, TERRY	
STREET ADDRESS	17684 81ST LANE NORTH	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Sheila Courson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 30*      *561-719-8655*  
Date      Daytime Phone #