
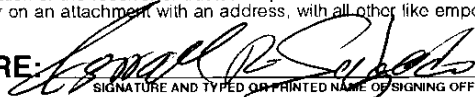


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90093 023 ***158.75

DOCUMENT # P06000006409 1. Entity Name LAWNMASTERS LANDSCAPING OF ORLANDO INC.					
Principal Place of Business 1805 MAGUIRE ROAD WINDERMERE FL 34786 US			Mailing Address 1805 MAGUIRE ROAD WINDERMERE FL 34786 US		
2. Principal Place of Business - No P.O. Box # 2014 Clarcona Ocoee Road Suite, Apt. #, etc.		3. Mailing Address 2014 Clarcona Ocoee Road Suite, Apt. #, etc.			
City & State Ocoee, Florida		City & State Ocoee, Florida		4. FEI Number 20 - 4061717	
Zip 34761	Country USA	Zip 34761	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALGADO, ISRAEL R 3029 SPRAIN FOOT STREET OCOE FL 34761				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE - Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P SALGADO, ISRAEL R 3409 SPRAIN FOOT STREET OCOE FL 34761 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	Salgado, Isrrael R 329 Spring Foot Court <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP MONCRIEF, JOHN A 9528 GOTH A ROAD GOTHA FL 34734 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Isrrael R. Salgado <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Mar. 22, 2007 407-905-5283 <small>Date Daytime Phone #</small>		