2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000007035

1. Entity Name
INMAN LAWNSCAPES, INC.

Principal Place of Business	Mailing Address
7726 CAYMAN ROAD JACKSONVILLE, FL 32216	7726 CAYMAN ROAD JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

01152008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-4133494		Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INMAN, ROBIN A JR.
7726 CAYMAN ROAD
JACKSONVILLE, FL 32216

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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 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, 2008 Fee will be $550.00

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

U00000787975
01/18/08-80020-023 158.75

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	INMAN, ROBIN A JR.
STREET ADDRESS	7726 CAYMAN ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	STD
NAME	INMAN, GINA P
STREET ADDRESS	7726 CAYMAN ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Robin A. Inman Jr_   1-15-08   904614-0405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #