

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2007 90096 047 ***150.00

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04172007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000015159 1. Entity Name AROUND THE HOUSE LAWN MAINTENANCE & SERVICES, INC.			
Principal Place of Business 7548 PLANTATION CIRCLE UNIVERSITY PARK, FL 34201 US		Mailing Address 7548 PLANTATION CIRCLE UNIVERSITY PARK, FL 34201 US	
2. Principal Place of Business - No P.O. Box # 5736-99TH AVE. E.		3. Mailing Address 5736-99TH AVE. E.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PARRISH FL		City & State PARRISH FL	
Zip 34219		Zip 34219	
Country		Country	
4. FEI Number 20-4254893		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMS, LAURIE B ESQUIRE 2815 PROCTOR ROAD SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 P	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, PAUL M	STREET ADDRESS 7548 PLANTATION CIRCLE	NAME 5736-99TH AVE. E.	STREET ADDRESS PARRISH FL 34219
CITY-ST-ZIP UNIVERSITY PARK, FL 34201		CITY-ST-ZIP PARRISH FL 34219	
TITLE VPTS	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, AMNEH	STREET ADDRESS 7548 PLANTATION CIRCLE	NAME 5736-99TH AVE. E.	STREET ADDRESS PARRISH FL 34219
CITY-ST-ZIP UNIVERSITY, FL 34201		CITY-ST-ZIP PARRISH FL 34219	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	STREET ADDRESS 	NAME 	STREET ADDRESS
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	STREET ADDRESS 	NAME 	STREET ADDRESS
CITY-ST-ZIP 		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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/30/07 Daytime Phone #: (407) 685-5886	