

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000040825

FILED  
Mar 15, 2007  
Secretary of State

Entity Name: ABSOLUTE LAWNCARE OF BREVARD , INC

## Current Principal Place of Business:

3616 LONG LEAF DRIVE  
MELBUORNE, FL 32940

## New Principal Place of Business:

## Current Mailing Address:

3616 LONG LEAF DRIVE  
MELBUORNE, FL 32940

## New Mailing Address:

FEI Number: 20-4541574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BRADDOCK, ROBERT  
3616 LONG LEAF DRIVE  
MELBOURNE, FL 32940 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BRADDOCK, ROBERT  
Address: 3616 LONG LEAF DR  
City-St-Zip: MELBOURNE, FL 32940 US

Title: VP ( ) Delete  
Name: BRADDOCK, KATHRYN  
Address: 3616 LONG LEAF DR  
City-St-Zip: MELBOURNE, FL 32940 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHRYN BRADDOCK

VP

03/15/2007

Electronic Signature of Signing Officer or Director

Date