

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000048820

FILED
Apr 25, 2012
Secretary of State

Entity Name: GIT ER DONE LAWN CARE SPECIALISTS INC.

Current Principal Place of Business:

3865 NE BOBAY RD.
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1909
ARCADIA, FL 34265 US

New Mailing Address:

FEI Number: 87-0782060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: P
Name: JONES, STEVIE JR.
Address: PO BOX 1909
City-St-Zip: ARCADIA, FL 34265 US

Title: DIR
Name: JONES, STEVIE JR.
Address: PO BOX 1909
City-St-Zip: ARCADIA, FL 34265 US

Title: DIR
Name: JONES, JOANNA
Address: PO BOX 1909
City-St-Zip: ARCADIA, FL 34265 US

Title: VP
Name: JONES, JOANNA
Address: PO BOX 1909
City-St-Zip: ARCADIA, FL 34265 US

Title: SEC
Name: JONES, JOANNA
Address: PO BOX 1909
City-St-Zip: ARCADIA, FL 34265 US

Title: TREA
Name: JONES, JOANNA
Address: PO BOX 1909
City-St-Zip: ARCADIA, FL 34265 US

I hereby 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 all other like empowered.

SIGNATURE: JOANNA JONES

VP

04/25/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date