

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051436

FILED
Apr 26, 2007
Secretary of State

Entity Name: WELLINGTON PROFESSIONAL LAWN CARE, INC.

Current Principal Place of Business:

12773 WEST FOREST HILL BLVD SUITE 1201
WELLINGTON, FL 33414

New Principal Place of Business:

11360 FORTUNE CIRCLE
SUITE E7
WELLINGTON, FL 33414

Current Mailing Address:

12773 WEST FOREST HILL BLVD SUITE 1201
WELLINGTON, FL 33414

New Mailing Address:

PO BOX 1134
LOXAHATCHEE, FL 33470

FEI Number: 20-4812141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, JOHN
12773 WEST FOREST HILL BLVD SUITE 1201
WELLINGTON, FL 33414 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: D () Delete
Name: PHILLIPS, GEOFFREY
Address: 12773 WEST FOREST HILL BLVD SUITE 1201
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PHILLIPS, GEOFFREY
Address: 11360 FORTUNE CIRCLE, SUITE E7
City-St-Zip: WELLINGTON, FL 33414

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: GEOFFREY PHILLIPS

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date