

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90219 012 ***150.00

DOCUMENT # P06000056580 1. Entity Name A & A SUPERIOR LAWN CARE, INC.					
Principal Place of Business 406 POINTE ALLYSON WAY ORLANDO, FL 32825			Mailing Address 406 POINTE ALLYSON WAY ORLANDO, FL 32825		
2. Principal Place of Business - No P.O. Box # 7400 Lake Marni Court Suite, Apt. #, etc.		3. Mailing Address 7400 Lake Marni Court Suite, Apt. #, etc.			
City & State Mount Dora, Florida Zip 32757		City & State Mount Dora, Florida Zip 32757		4. FEI Number 204982621	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNYDER, ALBERT V JR 406 POINTE ALLYSON WAY ORLANDO, FL 32825				7. Name and Address of New Registered Agent Name Snyder, Albert V. Jr. Street Address (P.O. Box Number is Not Acceptable) 7400 Lake Marni Court City Mount Dora FL Zip Code 32757	
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 <u><i>Albert Snyder, Jr</i></u> , <u><i>President</i></u> DATE <u><i>4-23-07</i></u> <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 NAME STREET ADDRESS CITY-ST-ZIP	PD SNYDER, ALBERT V JR 406 POINTE ALLYSON WAY ORLANDO, FL 32825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Snyder, Albert V. Jr. 7400 Lake Marni Court Mount Dora, Florida 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SNYDER, ADRIENNE 406 POINTE ALLYSON WAY ORLANDO, FL 32825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Snyder, Adrienne S. 7400 Lake Marni Court Mount Dora, Florida 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <u><i>Albert Snyder, Jr</i></u> , <u><i>President</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>4-23-07</i></u> (407) 453-5891 <small>Date Daytime Phone #</small>		