

FILED
Apr 16, 2007 8:00 am
Secretary of State

**2007 FOR-PROFIT CORPORATION
 ANNUAL REPORT**

04-02-2007 90072 040 ***150.00

DOCUMENT # P06000056951

1. Entity Name
 MOTHEREARTH LAWN MAINTENANCE &
 LANDSCAPING, INC.



Principal Place of Business
 322 ORCHIS ROAD
 ST. AUGUSTINE, FL 32086

Mailing Address
 322 ORCHIS ROAD
 ST. AUGUSTINE, FL 32086

66009261



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02192007 Chg-P CR2E034 (12/06)

4. FEI Number
 20-4728112

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, WILLIAM H
 2200 N. PONCE DE LEON BLVD.
 SUITE 10
 ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when substituting) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P Delete

NAME DELONG, ROBERT T

STREET ADDRESS 322 ORCHIS ROAD

CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE VP Delete

NAME DELONG, DEBRA B

STREET ADDRESS 322 ORCHIS ROAD

CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

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: *Robert Todd DeLong*

3/29/07 904-797-4540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #