## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 8:00 am Secretary of State

Mainty Address   Mainty	DOCUMENT # P06000056951  1. Entity Name MOTHEREARTH LAWN MAINTENANCE & LANDSCAPING, INC.						01 <i>5</i> 7 010 ***150.		
2. Principal Place of Business - No P.O. Book	Principal Place of Business	Mailing Address			-				
ST. AUGUSTINE, FL. 32086  ST. AUGUSTINE, FL.	·	-							
Suite. April 4 etc.    Suite. April 4 etc.   Suite. April 4 etc.   Suite. April 4 etc.   City A State   A. FEI Number									
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Suite, Apt II etc.  Cry & State  Cry & State  Country  Replicable  Suite, Apt II etc.  Country  Suite Apt II etc.  Name and Address of New Registered Agent  Name  Country  Suite Address IP O. Box Number is Not Acceptable)  Suite Address IP O. Box Number is Not Acceptable)  Suite Address IP O. Box Number is Not Acceptable)  Suite 10  Suite 10  Suite 10  Suite Address IP O. Box Number is Not Acceptable)  Suite Address IP O. Box Number is Not Acceptable)  Suite Address IP O. Box Number is Not Acceptable)  Suite 10  Suit				. 8 8 11 <b>1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i deigi ghile bhile haidh bhial iile	1881 II ISBI			
Secondary   Seco					02252008	Chg-P	CR2E034 (12/06)		
S. Cardicate of Status Briefer Agents  8. Cardicate of Status Briefer Agents  7. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Na									
OCONNELL WILLIAM H 2200 N. PROTOCE DE LEON BLVD. SITEST ADDRESS PROTOCE DE LEON BLVD. ST. AUGUSTINE, FL 32084  8. The above named entity submits this statement for the purpose of changing is registered effice or registered agent, in the State of Florida. I am familiar with, and accept the orbigators of registered agent.  SIGNATURE    Description   De	Zíp () Country	Zip	Zip Counti		5. Certificate	of Status Desired			
STEET ADDRESS OF ST. AUGUSTINE, FL. 32086  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Nu		Registered Agent			7. Name and	Address of New Re	egistered Agent		
SITE ADDRESS OF PORT AND STREE ADDRESS OF STREET				Name					
ST. AUGUSTINE, FL. 32084  ST. AUGUSTINE, FL. 32086  ST. AUGUSTINE, FL.	· · · · · · · · · · · · · · · · · ·		F	Street Address (	P.O. Box Numb	er is Not Acceptable	1		
ST. AUGUSTINE, FL 32084  8. The above named entity submits this statement for the purpose of changing its registered agent of both, in the State of Fords. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATU			Ļ						
The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Fiorida. Tam familiar with, and accept the obligations of registered agent.    Common temperature for the purpose of changing its registered effice or registered agent, or both, in the State of Fiorida. Tam familiar with, and accept the obligations of registered agent.    Common temperature for the purpose of changing its registered efficient or registered agent, or both, in the State of Fiorida. Tam familiar with, and accept the obligations of registered agent.    Common temperature for the purpose of changing its registered efficient or registered agent.				$\leq$ .	140	04	D		
8. The above named entity submits this statement for the purpose of changing its registered agent. For both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	;		Ī	City		1\			
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SIGNATURE    Symbole. Interest of regulatered agent and lifter applicable. (NOTE: Regulatered Agent signature required when intertainting).   DATE   TILL NOWI!! FEE IS \$150.00	the obligations of registered agent.	the purpose of changing its	registeret	u onice or register	eu agent joi be	in, in the State of Flor	noa. Lam lamiliar will),	and accept	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this construction and the remaining of the same legal effect as if made under path; that I am an officer or director.	NAME STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE, FL 32086  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME	T ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP			☐ Change ☐ Change	Addition Addition	
indicated on this coport or supplemental report is true and accurate and that my signature shall have the same legal offect as it made under noth; that I am an officer or director.	NAME STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE, FL 32086  TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET CITY-S TITLE NAME STREET STREET NAME STREET NAME STREET NAME STREET	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP			☐ Change ☐ Change	Addition Addition	
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.	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete Delete Delete	TITLE NAME STREE CITY-5 THE PARE THE	T ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  mptions contained	in Chapter 118	, Florida Statutes. I	Change  Change  Change	Addition Addition Addition Addition	

HAY KODERT T. DELOUG SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR