


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 10, 2008 8:00 am
Secretary of State

09-10-2008 90002 004 ***150.00

DOCUMENT # P06000077821 1. Entity Name A MANICURED LAWN, INC.	
---	---

Principal Place of Business 1942 HEWETT LANE MAITLAND, FL 32751	Mailing Address 1942 HEWETT LANE MAITLAND, FL 32751
---	---

DO NOT WRITE IN THIS SPACE



05122008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4996058	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HORROBIN, THEODORE D JR
1942 HEWETT LANE
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) **9/10/08** DATE

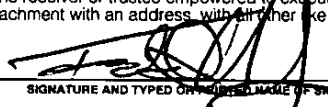
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORROBIN, THEODORE D JR 1942 HEWETT LANE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORROBIN, MICHELLE L 1942 HEWETT LANE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **9/8/08** **407-701-2983**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #