


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000079217</b>		
1. Entity Name <b>GARY'S QUALITY LAWNS, INC</b>		
Principal Place of Business <b>25528 CELESTIAL ST CHRISTMAS, FL 32709 US</b>	Mailing Address <b>25528 CELESTIAL ST CHRISTMAS, FL 32709 US</b>	



04162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5014984</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ANDERSON, CHRISTIE  
25528 CELESTIAL ST  
CHRISTMAS, FL 32709**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ANDERSON, GARY JR
STREET ADDRESS	25528 CELESTIAL ST
CITY-ST-ZIP	CHRISTMAS, FL 32709
TITLE	VP
NAME	ANDERSON, GARY SR
STREET ADDRESS	25528 CELESTIAL ST
CITY-ST-ZIP	CHRISTMAS, FL 32709
TITLE	SEC
NAME	ANDERSON, CHRISTIE
STREET ADDRESS	25528 CELESTIAL ST
CITY-ST-ZIP	CHRISTMAS, FL 32709
TITLE	TRES
NAME	ANDERSON, HEATHER J
STREET ADDRESS	25528 CELESTIAL ST
CITY-ST-ZIP	CHRISTMAS, FL 32709
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/14/08-80005-008 150.00

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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:** Christie L Anderson / Christie L Anderson 4/21/08 407-568-9168  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #