2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000079217

Principal Place of Business

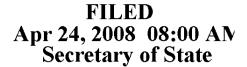
GARY'S QUALITY LAWNS, INC



Mailing Address

25528 CELESTIAL ST CHRISTMAS, FL 32709

25528 CELESTIAL ST CHRISTMAS, FL 32709 US





DO NOT WRITE IN THIS SPACE

04162008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-5014984 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

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 aignature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fi			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		'	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, GARY JR 25528 CELESTIAL ST CHRISTMAS, FL 32709				W00000040400
TITLE NAME STREET ADDRESS CITY-ST-2IP	VP ANDERSON, GARY SR 25528 CELESTIAL ST CHRISTMAS, FL 32709				U00000919469 05/14/08-80005-008 150.00
NAME STREET ADDRESS CITY-SI-ZIP	SEC ANDERSON, CHRISTIE 25528 CLESTIAL ST CHRISTMAS, FL 32709			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES ANDERSON, HEATHER J 25528 CELESTIAL ST CHRISTMAS, FL 32709			IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				
12. I hereby 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 report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information					

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.