2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000079217

Address:

City-St-Zip:

25528 CELESTIAL ST

CHRISTMAS, FL 32709 US

Entity Name: GARY'S QUALITY LAWNS, INC

FILED Jun 29, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|--|---|---|--|
| | LESTIAL ST AS, FL 32709 | US | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| | LESTIAL ST AS, FL 32709 | US | | | |
| FEI Number | : 20-5014984 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of C | urrent Registered Agent: | Name and Address of | of New Registered Agent: | |
| 25528 CEI | ON, CHRISTIE LESTIAL ST AS, FL 32709 | US | | | |
| | e named entity s e of Florida. | submits this statement for the | purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUI | | | | | |
| | Electron | ic Signature of Registered Ag | ent | Date | |
| | | B(2)(b), F.S., the corporation did n Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | P () ANDERSON, GA 25528 CELESTI CHRISTMAS, FL | AL ST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () ANDERSON, GA 25528 CELESTI CHRISTMAS, FL | AL ST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SEC () ANDERSON, CH 25528 CLESTIA CHRISTMAS, FL | L ST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | TRES () | Delete | Title: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CHRISTIE ANDERSON SEC 06/29/2009