


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90042 009 \*\*\*158.75

<b>DOCUMENT # P06000089609</b>	
1. Entity Name <b>NATURES LAWN SERVICE, INC.</b>	

Principal Place of Business <b>1613 SE POMEROY STREET STUART, FL 34997</b>	Mailing Address <b>1613 SE POMEROY STREET STUART, FL 34997</b>
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2. Principal Place of Business - No P.O. Box # <b>487 SW Squire Johns LN</b>	3. Mailing Address <b>487 SW Squire Johns LN</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Palm City FL</b>	City & State <b>Palm City FL</b>
Zip <b>34997</b>	Zip <b>34997</b>
Country <b>MARTIAN</b>	Country <b>MARTIAN</b>



08302007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-5256888</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LOPEZ, REINALDO II 1613 SE POMEROY STREET STUART, FL 34997</b>	
7. Name and Address of New Registered Agent Name <b>Lopez, Reinaldo II</b> Street Address (P.O. Box Number is Not Acceptable) <b>487 SW Squire Johns LN</b> City <b>Palm City FL</b> Zip Code <b>34997</b>	

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:  DATE: **08/30/2007**  
Signature, typed or printed name of registered agent and title acceptable. (NOTE: Registered Agent signature required when re-stating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LOPEZ, REINALDO II</b>		NAME <b>Lopez, Reinaldo II</b>	
STREET ADDRESS <b>1613 SE POMEROY STREET</b>		STREET ADDRESS <b>487 SW Squire Johns LN</b>	
CITY-ST-ZIP <b>STUART, FL 34997</b>		CITY-ST-ZIP <b>PAIM city, FL, 34997</b>	
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ENGELBRECHT, LEANNA</b>		NAME <b>Leanna. Engelbrecht</b>	
STREET ADDRESS <b>1613 SE POMEROY STREET</b>		STREET ADDRESS <b>487 SW Squire Johns LN</b>	
CITY-ST-ZIP <b>STUART, FL 34997</b>		CITY-ST-ZIP <b>Palm City, FL, 34997</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE: **08/30/2007** (772) 475-9097  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR