


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90099 049 ***150.00

DOCUMENT # P06000114464 1. Entity Name SELBY LAWN CARE, INC.					
Principal Place of Business 5426 SOUTHLAKE DRIVE PACE, FL 32571			Mailing Address 5426 SOUTHLAKE DRIVE PACE, FL 32571		
2. Principal Place of Business - No P.O. Box # 4895 MAKENNA CIRCLE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 4895 MAKENNA CIRCLE <small>Suite, Apt. #, etc.</small>			
City & State PACE, FL		City & State PACE, FL		4. FEI Number 20-5437821	
Zip 32571		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SELBY, ROBERT C 5426 SOUTHLAKE DRIVE PACE, FL 32571			7. Name and Address of New Registered Agent Name SELBY, ROBERT C. Street Address (P.O. Box Number is Not Acceptable) 4895 MAKENNA CIRCLE City PACE, FL Zip Code 32571		
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 <i>Robert C. Selby</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			PRESIDENT <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SELBY, ROBERT C 5426 SOUTHLAKE DRIVE PACE, FL 32571	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SELBY, ROBERT C. 4895 MAKENNA CIRCLE PACE, FL 32571
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Robert C. Selby</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-28-07 850-288-0518 <small>Date Daytime Phone #</small>		