## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000115276

Name:

Address: City-St-Zip: CARLSON, JUDY

10931 MEMORY LANE

TAVARES, FL 32778

Entity Name: SHEPPARD'S LAWN CARE CORP

FILED Apr 20, 2009 Secretary of State

•					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
21427 RO EUSTIS, F	LLINGWOOD L 32736	TRAIL			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
21427 RO EUSTIS, F	LLINGWOOD L 32736	TRAIL			
FEI Number	: 35-2277750	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	named entity of Florida.	JS  submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
0.017.110.		onic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financi	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	SHEPPARD, Ì	NGWOOD TRAIL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SHEPPARD,	NGWOOD TRAIL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	S (	) 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RANDALL L SHEPPARD P 04/20/2009