## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000123676

Address:

City-St-Zip:

1861 TIMBERS WEST BLVD

ROCKLEDGE, FL 32955

Entity Name: BLADE RUNNERS LAWN MAINTENANCE INC

FILED Apr 17, 2009 Secretary of State

Littly Na	Me. DLADE F	CONNERS LAVVIN WAINTENAL	NOL INC.		
Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
	RELL ROAD				
#9 ROCKLED	DGE, FL 3295	5			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX ROCKLED	561165 DGE, FL 3295	6			
FEI Number	: 20-5593540	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:	
HOGREVE, LISA ESQ 96 WILLARD STREET SUITE 206 COCOA, FL 32922 US			1861 TIMBERS WEST	BINDHAMMER, JEANINE 1861 TIMBERS WEST BLVD. ROCKLEDGE, FL 32955 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: JEANINE BINDHAMMER				04/17/2009	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( BINDHAMMER 1861 TIMBERS ROCKLEDGE,	S WEST BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( BINDHAMMER 1861 TIMBERS ROCKLEDGE,	S WEST BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	TR ( BINDHAMMER	) Delete , VALERIE A	Title: Name:	( ) 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: VALERIE BINDHAMMER OWNE 04/17/2009