2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008
Secretary of State

DOCUMENT# P06000132712

Entity Name: M.R. LAWN CARE SERVICES, INC.

Current Principal Place of Business:

2127 SW 49TH ST
CAPE CORAL, FL 33914 US

New Principal Place of Business:

1502 SW 43RD LANE
CAPE CORAL, FL 33914 US

Current Mailing Address:

2127 SW 49TH ST
CAPE CORAL, FL 33914 US

New Mailing Address:

1502 SW 43RD LANE
CAPE CORAL, FL 33914 US

FEI Number: 20-5730103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACOSTA, PAULA
2127 SW 49TH ST
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

ACOSTA, PAULA
1502 SW 43RD LANE`
CAPE CORAL, FL 33914 US

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.

SIGNATURE: PAULA ACOSTA 05/22/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ACOSTA, PAULA
Address: 2127 SW 49TH ST
City-St-Zip: CAPE CORAL, FL 33914 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ACOSTA, PAULA A
Address: 1502 SW 43RD LANE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VP ( ) Change (X) Addition
Name: RODRIGUEZ, MILTON J
Address: 1502 SW 43RD LN
City-St-Zip: CAPE CORAL, FL 33914 US

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.

SIGNATURE: PAULA ACOSTA P 05/22/2008
Electronic Signature of Signing Officer or Director Date