

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000018069

Entity Name: SERVICE LAWN CARE INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

341 CR 487
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

Current Mailing Address:

341 CR 487
LAKE PANASOFFKEE, FL 33538

New Mailing Address:

16275 SE 92ND AVE
SUMMERFIELD, FL 34491

FEI Number: 51-0620172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDRE, THOMAS J
Address: 341 CR 487
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: VPD () Delete
Name: ANDRE, CHRIS
Address: 341 CR 487
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: TD () Delete
Name: ANDRE, SAMANTHA
Address: 341 CR 487
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: S () Delete
Name: ANDRE, SAMANTHA
Address: 341 CR 487
City-St-Zip: LAKE PANASOFFKEE, FL 33538

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLLINS, TIMOTHY W
Address: 16275 SE 92ND AVE
City-St-Zip: SUMMERFIELD, FL 34491

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: COLLINS, STACY
Address: 16275 SE 92ND AVE
City-St-Zip: SUMMERFIELD, FL 34491

Title: S (X) Change () Addition
Name: COLLINS, STACY
Address: 16275 SE 92ND AVE
City-St-Zip: SUMMERFIELD, FL 34491

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: STACY COLLINS

TD

04/29/2008

Electronic Signature of Signing Officer or Director

Date