2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

05-29-2008 90199 008 *** 150.00 2009 APR POZO00032143 10 DOCUMENT # P07000022143_-SECRETARY OF STATE TALLAHASSEE, FLORIDA CREATIVE LAWN CARE OF PENSACOLA. INC. Principal Place of Business Mailing Address 7225 BELGIUM ROAD 7225 BELGIUM ROAD PENSACOLA, FL 32526 PENSACOLA, FL 32526 2. Principal Place of Business - No P.O. Box # 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04292008 Chg-P Applied For City & State City & State 4. FEI Number 20-856212 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCMILLON, JOHN Street Address (P.O. Box Number is Not Acceptable) 7225 BELGIUM ROAD PENSACOLA, FL 32526 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revisiting) Notice To file Report 9. Election Campaign Financing \$5.00 May Bo FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees was Not received ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition MLE TITLE ☐ Delete MCMILLON, ROBERT NAME NAME 300149436713 04/10/09--01020--008 **150.00 STREET ADDRESS 7225 BELGIUM ROAD STREET ADDRESS COY-ST-7IP CITY-ST-ZIP PENSACOLA, FL 32526 Change ☐ Addition Deleta TITLE TALLAH TALLAH TITLE 2009 MCMILLON, BENJAMIN NAME NAME STREET ADDRESS STREET ADDRESS 7225 BELGIUM ROAD CITY-ST-ZIP PENSACOLA, FL 32526 COV.ST-7P Change: *** 🛅 Addition T/SE TITEF TITLE Delete MCMILLON, ROBERT NAME HAME ٥ 7225 BELGIUM ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZP PENSACOLA, FL 32526 CITY-ST-ZIP 1, 1 Addition Change TITLE ☐ Octate TITLE 986 HAME NAME STREET ADDRESS -STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Change ☐ Delete TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS REINSTATI CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate TITLE ŇAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutas, 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 logal 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 Statutas; and that my name appears in Block 10 or Block 11 in

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