

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90017 027 ***150.00

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01152008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000023627 1. Entity Name LAWN SPECIALTIES, INC.																																				
Principal Place of Business 15901 RASMUSSEN ROAD PUNTA GORDA, FL 33982		Mailing Address 15901 RASMUSSEN ROAD PUNTA GORDA, FL 33982																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 50602 Suite, Apt. #, etc.																																		
City & State Zip		City & State Fort Myers, FL Zip 33994																																		
Country		Country																																		
4. FEI Number 20-8545695		Applied For <input type="checkbox"/> Not Applicable																																		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																		
6. Name and Address of Current Registered Agent PANKOW, JACK P 1601 JACKSON STREET 201 FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P POSEY, CRAIG</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">15901 RASMUSSEN ROAD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">PUNTA GORDA, FL 33932</td> </tr> </table>		TITLE	P POSEY, CRAIG	<input type="checkbox"/> Delete	STREET ADDRESS	15901 RASMUSSEN ROAD		CITY-ST-ZIP	PUNTA GORDA, FL 33932		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33982 </td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td colspan="2">RONALD R POSEY</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">15901 RASMUSSEN RD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">PUNTA GORDA, FL 33982</td> </tr> <tr> <td>TITLE</td> <td colspan="2">SIT</td> </tr> <tr> <td>NAME</td> <td colspan="2">DEBORAH L POSEY</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">15901 RASMUSSEN ROAD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">PUNTA GORDA, FL 33982</td> </tr> </table>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33982		NAME	RONALD R POSEY		STREET ADDRESS	15901 RASMUSSEN RD		CITY-ST-ZIP	PUNTA GORDA, FL 33982		TITLE	SIT		NAME	DEBORAH L POSEY		STREET ADDRESS	15901 RASMUSSEN ROAD		CITY-ST-ZIP	PUNTA GORDA, FL 33982	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																				
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/2/08 (239)731-7100 <small>Date Daytime Phone #</small>																																		