

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000038211

FILED  
Jan 26, 2010  
Secretary of State

**Entity Name:** LAWN MEDIC OF SW FLORIDA, INC.

**Current Principal Place of Business:**

12311 CRYSTAL COMMERCE LOOP  
UNIT #2  
FT. MYERS, FL 33966

**New Principal Place of Business:**

**Current Mailing Address:**

3371 CLEVELAND RD  
STE 308  
SOUTH BEND, IN 46628

**New Mailing Address:**

**FEI Number:** 20-8898205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JURSINSKI, KEVIN F  
7800 UNIVERSITY POINTE DR  
STE 200  
FT MYERS, FL 33907 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: MR  
Name: JANKOWSKI, BRIAN J PRES.  
Address: 3371 CLEVELAND RD - STE 308  
City-St-Zip: SOUTH BEND, IN 46628

Title: MR  
Name: KOVACH, CRAIG J VP  
Address: 3371 CLEVELAND RD, STE 308  
City-St-Zip: SOUTH BEND, IN 46628

I hereby 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 all other like empowered.

SIGNATURE: JULIE BROWN

MGR

01/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date