

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000044485

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: TORRES LAWN CARE SERVICE, INC.

## Current Principal Place of Business:

4800 LAKES EDGE LN.  
KISSIMMEE, FL 34744

## New Principal Place of Business:

10084 MOSS ROSE WAY  
ORLANDO, FL 32832

## Current Mailing Address:

4800 LAKES EDGE LN.  
KISSIMMEE, FL 34744

## New Mailing Address:

10084 MOSS ROSE WAY  
ORLANDO, FL 32832

FEI Number: 20-8869736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORRES, MARTIN  
4800 LAKES EDGE LN.  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

TORRES, MARTIN  
10084 MOSS ROSE WAY  
ORLANDO, FL 32832 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: MARISELA N. TORRES

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TORRES, MARISELA N  
Address: 4800 LAKES EDGE LN.  
City-St-Zip: KISSIMMEE, FL 34744

Title: VP ( ) Delete  
Name: TORRES, MARTIN  
Address: 4800 LAKES EDGE LN.  
City-St-Zip: KISSIMMEE, FL 34744

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TORRES, MARISELA N  
Address: 10084 MOSS ROSE WAY  
City-St-Zip: ORLANDO, FL 32832

Title: VP (X) Change ( ) Addition  
Name: TORRES, MARTIN  
Address: 10084 MOSS ROSE WAY  
City-St-Zip: ORLANDO, FL 32832

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: MARISELA N. TORRES

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date