

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000049158

FILED
May 13, 2008
Secretary of State**Entity Name:** ROBERT POLING LAWN CARE SERVICES, INC**Current Principal Place of Business:**401 TRUMAN AVE
LEHIGH ACRES, FL 33972 US**New Principal Place of Business:****Current Mailing Address:**401 TRUMAN AVE
LEHIGH ACRES, FL 33972 US**New Mailing Address:****FEI Number:** 20-8897947**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROXBY, NORKI M
401 TRUMAN AVE
LEHIGH ACRES, FL 33972 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONCADA, JAIRO R
Address: 401 TRUMAN AVE
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: VP (X) Delete
Name: ROXBY, NORKI-MARISOL
Address: 401 TRUMAN AVE
City-St-Zip: LEHIGH ACRES, FL 33972 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change () Addition
Name: ROXBY, NORKI-MARISOL
Address: 401 TRUMAN AVE
City-St-Zip: LEHIGH ACRES, FL 33972 US

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

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: ROXBY NORKI-MARISOL

P,S

05/13/2008

Electronic Signature of Signing Officer or Director

Date