## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 27, 2008 8:00 am Secretary of State

02-27-2008 90003 048 \*\*\*150.00

## DOCUMENT # P07000051153

1. Entity Name

B D & T LAWN SERVICE & MAINTENANCE, INC



					1						
Principal Place of Business			Mailing Address			4003	3611				
4120 KIPLING			P.O. BOX 115			-					
PLANT CITY, FL 33566			DOVER, FL 33527								
			•							1881 11 1881	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address	3. Mailing Address			<b>                                    </b>				
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
Guille, Apr. #, etc.			oune, Apr. #, etc.			02162008	Chg-P	CR2E03	4 (12/06)		
City & State			City & State			4. FEI Numb	er		Ap	plied For	
			, , , , , , , , , , , , , , , , , , , ,				99538°	18	_ <del>                                    </del>	t Applicable	
Zip Country		Zip	Zip Count		E Codificato	of Status Desired		8.75 Add	itional		
						5. Certinoate	of Status Desired	F	ee Require	J	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
CONTRACTORS MOTICING OFFICE INC.					Name						
CONTRACTORS NOTICING SERVICES IN 103 E. DR. MARTIN LUTHER KING BLVD.				iC.		Street Address (P.O. Box Number is Not Acceptable)					
PLANT CITY, FL 33563					,						
	,										
				-					Zip Code		
					City			FL	<u> </u>		
	named entity sul ions of registered		or the purpose of changing	g its register	ed office or reg	istered agent, or bo	th, in the State of F	lorida. Tam la	amiliar with,	and accept	
ino obligat	iona or registeret	a agent.									
SIGNATURE Signature Systed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registating). DATE											
	Signature typed or on	n'ed hame of registered agen	t and atte if applicable.	(NOTE: Registere	ed Agent signatura rei	quired when remalating)		DATE			
			9 Flection Can	nosian Fina	neina	\$5.00 m.s.					
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.					· -	\$5.00 May Be Added to Fees					
A1101 IIII		50 Will 50 4550									
10.	,	OFFICERS AND	DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	3 IN 11	
TITLE	P		☐ Delete TITLI		<b>I</b>				Change	☐ Addition	
NAME	RAINEY, MEI		NAM		EET AOD RESS						
STREET ADDRESS CHTY-ST-ZIP	4120 KIPLING										
	PLANT CITY,	FL 33500			-ST-ZIF	,,-,,-					
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NAME CIRCLI ADDRESS	RAINEY, BILI			NAM							
STREET ADDRESS CITY-ST-ZIP	4120 KIPLING PLANT CITY				EET ADDRESS '-ST-ZIP						
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12. Thereby 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 2 OR (813) Oryme Prone #