

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90104 050 \*\*\*150.00

DOCUMENT # P07000052043

1. Entity Name  
BEST LAWN OF BREVARD, INC.



Principal Place of Business  
2885 ELECTRONICS DR., BLDG. D, SUITE 2  
MELBOURNE, FL 32935

Mailing Address  
2885 ELECTRONICS DR., BLDG. D, SUITE 2  
MELBOURNE, FL 32935

2. Principal Place of Business - No P.O. Box #

2885 Electronics Dr.

Suite, Apt. #, etc.  
Bldg. D Suite 2

City & State  
Melbourne FL

Zip  
32935

Country  
USA

3. Mailing Address

2885 Electronics Dr.

Suite, Apt. #, etc.  
Bldg. D Suite 2

City & State  
Melbourne FL

Zip  
32935

Country  
USA



01162008

Chg-P

CR2E034 (12/06)

4. FEI Number

208945423

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEGROS, KYLE R  
2885 ELECTRONICS DR., BLDG. D, SUITE 2  
MELBOURNE, FL 32935

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

Signature, typed or printed name of registered agent and title if applicable.

(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.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGROS, KYLE R 788 BIANCA DR. NE PALM BAY, FL 32905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUSTICE, CRYSTAL 788 BIANCA DR. NE PALM BAY, FL 32905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, DENNIS 788 BIANCA DR. NE PALM BAY, FL 32905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Kyle Legros*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-08

Date

321 2438447

Daytime Phone #