

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90382 021 \*\*\*158.75

DOCUMENT # P07000058067



1. Entity Name  
 ROSIES LAWN MAINTENANCE, INC.

Principal Place of Business Mailing Address  
 15 PALMETTO DR 15 PALMETTO DR  
 DEBARY, FL 32713 US DEBARY, FL 32713 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 15 Palmetto Dr 15 Palmetto Dr  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



01212008 Chg-P CR2E034 (12/06)

City & State City & State  
 Debarry FL Debarry FL  
 Zip Country Zip Country  
 32713 Volusia 32713 Volusia

4. FEI Number Applied For  
 26-0184803 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
 TRENT, WILLIAM C JR. Name  
 15 PALMETTO DR Street Address (P.O. Box Number is Not Acceptable)  
 DEBARY, FL 32713 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 *William C Trent* DATE 4-28-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRENT, WILLIAM C JR.		NAME		
STREET ADDRESS	15 PALMETTO DR		STREET ADDRESS		
CITY - ST - ZIP	DEBARY, FL 32713		CITY - ST - ZIP		
TITLE	VP, T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRENT, ANNMARIE		NAME		
STREET ADDRESS	15 PALMETTO DR		STREET ADDRESS		
CITY - ST - ZIP	DEBARY, FL 32713		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARD, VINCENT		NAME		
STREET ADDRESS	15 PALMETTO DR		STREET ADDRESS		
CITY - ST - ZIP	DEBARY, FL 32713		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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: *William C Trent* DATE 4-28-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR