

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

04-14-2008 90047 050 ***150.00

DOCUMENT # P07000065778 1. Entity Name FLAWLESS LAWN CARE & LANDSCAPING, INC.			
Principal Place of Business 575 BALCOM TERR SE PALM BAY, FL 32909		Mailing Address 575 BALCOM TERR SE PALM BAY, FL 32909	
2. Principal Place of Business - No P.O. Box # 430 Easton Forest Circle Suite, Apt. #, etc.		3. Mailing Address 430 Easton Forest Circle Suite, Apt. #, etc.	
City & State Palm Bay FL		City & State Palm Bay FL	
Zip 32909		Zip 32909	
Country Brevard		Country Brevard	
4. FEI Number 260290710		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAM, MICHAEL P 575 BALCOM TERR SE PALM BAY, FL 32909		7. Name and Address of New Registered Agent Name Michael Cram Street Address (P.O. Box Number is Not Acceptable) 430 Easton Forest Circle SE City Palm Bay FL Zip Code 32909	
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 <u><i>Michael Cram</i></u> DATE <u>3/8/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CRAM, MICHAEL P 575 BALCOM TERR SE PALM BAY, FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	430 Easton Forest Circle <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Palm Bay FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAM, LISA A 575 BALCOM TERR SE PALM BAY, FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	430 Easton Forest Circle <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Palm Bay FL 32909
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u><i>Michael Cram</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/8/08</u> <small>Date Daytime Phone #</small>	

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