2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P07000068946

Entity Name: GALVAN'S LAWN CARE, INC.

Current Principal Place of Business:

5070 INDIAN MOUND ST
SARASOTA, FL 34232

New Principal Place of Business:

1881 NW WINDY PINE AVE
ARCADIA, FL 34266

Current Mailing Address:

5070 INDIAN MOUND ST
SARASOTA, FL 34232

New Mailing Address:

1881 NW WINDY PINE AVE
ARCADIA, FL 34266

FEI Number: 68-0651741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALVAN, SHYANN
5070 INDIAN MOUND ST
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

GALVAN, SHYANN
1881 NW WINDY PINE AVE
ARCADIA, FL 34266 US

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: 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GALVAN, JUAN
Address: 5070 INDIAN MOUND ST
City-St-Zip: SARASOTA, FL 34232

Title: S ( ) Delete
Name: GALVAN, SHYANN
Address: 5070 INDIAN MOUND ST
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GALVAN, JUAN
Address: 1881 NW WINDY PINE AVE
City-St-Zip: ARCADIA, FL 34266

Title: S (X) Change ( ) Addition
Name: GALVAN, SHYANN
Address: 1881 NW WINDY PINE AVE
City-St-Zip: ARCADIA, FL 34266

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: SHYANN GALVAN S 04/30/2009
Electronic Signature of Signing Officer or Director — Date