



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90056 002 ***150.00

DOCUMENT # P07000072888 1. Entity Name PORTER TWIN LAWN SERVICE, INC.																													
Principal Place of Business 24 AARON CIRCLE ORMOND BEACH, FL 32174 US			Mailing Address 24 AARON CIRCLE ORMOND BEACH, FL 32174 US																										
2. Principal Place of Business - No P.O. Box # SAME		3. Mailing Address 121 Dundee Rd		 03052008 Chg-P CR2E034 (12/06)																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State Daytona Beach FL																											
Zip 32118	Country Volusia	4. FEI Number 20-0428179	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 LAIBLE, JULIE D EA 121 DUNDEE RD DAYTONA BEACH, FL 32118																									
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 <u><i>Julie D Laible EA</i></u> DATE <u><i>3/5/08</i></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																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PORTER, MARY ELLEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>24 AARON CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH, FL 32174</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	PORTER, MARY ELLEN		STREET ADDRESS	24 AARON CIRCLE		CITY-ST-ZIP	ORMOND BEACH, FL 32174		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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>Mary Ellen Porter</i></u> <u><i>March 7 - 2008</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													