

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P07000086690</b> 1. Entity Name <b>CERTIFIED LAWN SERVICE INC.</b>				<b>FILED</b> <b>08 SEP 24 AM 10:38</b> DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2300 SEMINOLE BLVD.</b> <b>MELBOURNE, FL 32904</b> <b>US</b>		Mailing Address <b>2300 SEMINOLE BLVD.</b> <b>MELBOURNE, FL 32904</b> <b>US</b>			
2. Principal Place of Business - No P.O. Box # <b>280 Elm St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>79 Stephenson Dr</b> Suite, Apt. #, etc.			
City & State <b>Melbourne FL</b>		City & State <b>W. Melbourne FL</b>			
Zip <b>32904</b>		Country <b>U.S.A.</b>		4. FEI Number <b>26-0647181</b>	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent <b>CERTIFIED LAWN SERVICE OF MELBOURNE.</b> <b>2300 SEMINOLE BLVD.</b> <b>MELBOURNE, FL 32904</b>		7. Name and Address of New Registered Agent Name <b>Jason Pace</b> Street Address (P.O. Box Number is Not Acceptable) <b>79 Stephenson Drive</b> City <b>W. Melbourne FL</b> Zip Code <b>32904</b>	
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		DATE <b>8-29-08</b>	
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b>	NAME <b>PHELPS, ANN M</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VP</b>	NAME <b>PHELPS, RONALD L JR.</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>2300 SEMINOLE BLVD.</b>	CITY-ST-ZIP <b>MELBOURNE, FL 32904</b>		STREET ADDRESS <b>2300 SEMINOLE BLVD.</b>	CITY-ST-ZIP <b>MELBOURNE, FL 32904</b>	
TITLE <b>P</b>	NAME <b>Jason Pace</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	NAME <b>PHELPS, RONALD L JR.</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>79 Stephenson Drive</b>	CITY-ST-ZIP <b>W. Melbourne, FL 32904</b>		STREET ADDRESS <b>2300 SEMINOLE BLVD.</b>	CITY-ST-ZIP <b>MELBOURNE, FL 32904</b>	
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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:		SIGNATURE:		DATE <b>8-29-08</b> Daytime Phone # <b>321-482-3322</b>	