

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000091834

FILED
Mar 12, 2009
Secretary of State

Entity Name: BOBBY'S PLANT & LAWN SERVICE, INC.

Current Principal Place of Business:

17380 JOSEPHINE STREET
ALVA, FL 33920

New Principal Place of Business:

Current Mailing Address:

17380 JOSEPHINE STREET
ALVA, FL 33920

New Mailing Address:

POST OFFICE BOX 1336
ESTERO, FL 33928

FEI Number: 26-0727464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PITTMAN, LARRY L
6051 ESTERO BOULEVARD
2
FORT MYERS BEACH, FL 33931 US

Name and Address of New Registered Agent:

PITTMAN, LARRY L
6231 ESTERO BOULEVARD
308
FORT MYERS BEACH, FL 33931 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: LARRY L PITTMAN

03/12/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FUENTES, BOBBY
Address: 17380 JOSEPHINE STREET
City-St-Zip: ALVA, FL 33920

Title: VP () Delete
Name: FUENTES, MARY
Address: POST OFFICE BOX 503
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S () Delete
Name: MCNEAL, AMY
Address: 609 CREEK FRONT ROAD
City-St-Zip: MT JULIET, TN 37122

Title: T () Delete
Name: MCNEAL, BRIAN
Address: 609 CREEK FRONT ROAD
City-St-Zip: MT JULIET, TN 37122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BOBBY FUENTES

D

03/12/2009

Electronic Signature of Signing Officer or Director

Date