


FILED  
Jun 11, 2008 8:00 am  
Secretary of State

05-21-2008 90028 025 \*\*\*150.00

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # P07000092870</b>   |   |    |   |
| 1. Entity Name<br><b>PROGRESSIVE LAWN MAINTENANCE INC</b>  |   |   |   |
| Principal Place of Business<br><b>218 DEBBIE ANN COURT<br/>AUBURNDALE, FL 33823 US</b>   |   | Mailing Address<br><b>840 17TH TERRACE N E<br/>WINTER HAVEN, FL 33881 US</b>  |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |
| City & State   |   | City & State  |   |
| Zip  | Country   | Zip   | Country   |
| 4. FEJ Number<br><b>26-0756652</b>   |   | Applied For<br><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<br><b>FLORIDA-INCORPORATIONS.NET INC<br/>3219 CORAL RIDGE DR.<br/>CORAL SPRINGS, FL 33065</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____   |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | P<br>ROUNTREE, JONATHAN<br>840 17TH TERRACE N E<br>WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | P<br>REIFF, ROBERT<br>218 DEBBIE ANN COURT AUBURNDALE<br>AUBURNDALE, FL 33823 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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. |   |   |   |

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04172008 Chg-P CR2E034 (12/06)

*Jon Rountree*

*x 4-28-08 x 863-224-3644*