

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000093301

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: BONSAI LAWN MAINTENANCE, INC.

## Current Principal Place of Business:

315 BEACH AVE.  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

606 BRYAN COURT  
ALTAMONTE SPRINGS, FL 32701 US

## Current Mailing Address:

315 BEACH AVE.  
LONGWOOD, FL 32750 US

## New Mailing Address:

606 BRYAN COURT  
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 26-0749818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEBITS & CREDITS GROUP, INC.  
1298 MINNESOTA AVE.  
SUITE E  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: DENT, WILLIAM  
Address: 315 BEACH AVE.  
City-St-Zip: LONGWOOD, FL 32750 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: DENT, WILLIAM  
Address: 606 BRYAN COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: WILLIAM L. DENT

PRES

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date