

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000106222

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: SMITH BROTHERS LAWN CARE, INC.

**Current Principal Place of Business:**

46 RAINSTONE LANE  
PALM COAST, FL 321646844

**New Principal Place of Business:**

**Current Mailing Address:**

46 RAINSTONE LANE  
PALM COAST, FL 321646844

**New Mailing Address:**

FEI Number: 77-0700077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAVY, BENJAMIN  
25 PINE CONE DR., STE. 2A  
PALM COAST, FL 32164 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: P ( ) Delete  
Name: SMITH, SCOTT M.  
Address: 46 RAINSTONE LANE  
City-St-Zip: PALM COAST, FL 321646844

Title: V ( ) Delete  
Name: SMITH, DENNIS J.  
Address: 1252 COUNTY RD. 305  
City-St-Zip: BUNNELL, FL 32110

Title: V ( ) Delete  
Name: HAINES, WILLIE C.  
Address: 18 RENMONT CT.  
City-St-Zip: PALM COAST, FL 32164

**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:

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: SCOTT SMITH

PRES

01/07/2009

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

\_\_\_\_\_  
Date