
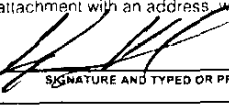


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90374 012 ***150.00

DOCUMENT # P07000120014 1. Entity Name AV LAWN SERVICE, INC.					
Principal Place of Business 11358 92ND STREET N LARGO, FL 33773 US			Mailing Address 11358 92ND STREET N LARGO, FL 33773 US		
2. Principal Place of Business - No P.O. Box # 9048 SUNCREST BLVD		3. Mailing Address 9048 SUNCREST BLVD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State LARGO, FL		City & State LARGO, FL		4. FEI Number 26-1354757	
Zip 33777		Country 		Applied For <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 VILLARREAL, ARMANDO 11358 92ND STREET N LARGO, FL 33773			7. Name and Address of New Registered Agent Name JAY VILLARREAL Street Address (P.O. Box Number is Not Acceptable) 9048 SUNCREST BLVD City LARGO FL 33777		
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 constituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	D VILLARREAL, ARMANDO 11358 92ND STREET N LARGO, FL 33773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAY VILLARREAL 9048 SUNCREST BLVD LARGO, FL 33777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDZKI, GRAYZNA 11358 92ND STREET N LARGO, FL 33773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, and all other like empowered					
SIGNATURE:  Jay L. Villarreal President 4/14/08 (727)657-4415 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					