

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Feb 11, 2008 8:00 am
Secretary of State**

02-11-2008 90059 049 ***150.00

DOCUMENT # P07000126140



1. Entity Name
DWAYNE CHAMBERS LAWN SERVICE, INC.

Principal Place of Business
119 HAYES AVE NE
LAKE PALCID, FL 33852

Mailing Address
119 HAYES AVE NE
LAKE PALCID, FL 33852

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

6. Name and Address of Current Registered Agent

CHANBERS, DWAYNE
119 HAYES AVE NE
LAKE PALCID, FL 33852

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME CHAMBERS, DWAYNE
STREET ADDRESS 119 HAYES AVE NE
CITY-ST-ZIP LAKE PALCID, FL 33852

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE VPD
NAME CHAMBERS, HOLLY
STREET ADDRESS 119 HAYES AVE NE
CITY-ST-ZIP LAKE PALCID, FL 33852

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Dwayne Chambers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08 863-465-7763
Date Daytime Phone #

Dwayne Chambers



02012008 Chg-P CR2E034 (12/06)