## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000126140

Entity Name: DWAYNE CHAMBERS LAWN SERVICE, INC.

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

119 HAYES AVE NE LAKE PALCID, FL 33852 119 HAYES AVE NE LAKE PLACID, FL 33852 LAKE PLACID, FL 33852

Current Mailing Address: New Mailing Address:

119 HAYES AVE NE LAKE PALCID, FL 33852 119 HAYES AVE NE LAKE PLACID, FL 33852 2855

FEI Number: 11-3832209 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CHANBERS, DWAYNE

119 HAYES AVE NE

LAKE PALCID, FL 33852 US

CHAMBERS, DWAYNE

119 HAYES AVE NE

LAKE PLACID, FL 33852

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: DWAYNE CHAMBERS 02/04/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete Title: Name: CHAMBERS, DWAYNE Name:

Address: 119 HAYES AVE NE
City-St-Zip: LAKE PALCID, FL 33852

 Title:
 VPD ( ) Delete

 Name:
 CHAMBERS, HOLLY

 Address:
 119 HAYES AVE NE

 City-St-Zip:
 LAKE PALCID, FL 33852

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: DP (X) Change ( ) Addition
Name: CHAMBERS, DWAYNE
Address: 119 HAYES AVE NE
City-St-Zip: LAKE PLACID, FL 33852

Title: VPD (X) Change () Addition

Name: CHAMBERS, HOLLY
Address: 119 HAYES AVE NE
City-St-Zip: LAKE PLACID, FL 33852

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: DWAYNE CHAMBERS PD 02/04/2009