2008 FOR PROFIT CORPORATION

Mar 26, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P07000128305** 03-26-2008 90024 020 ***150.00 COMMUNITY PRIDE LAWN CARE, INCORPORATED Mailing Address Principal Place of Business 7617 PIPING ROCK COURT 7617 PIPING ROCK COURT **NEW PORT RICHEY, FL 34654 NEW PORT RICHEY, FL 34654** 2. Principal Place of Business - No P.O. Box # Mailing Address PO BOX Suite, Apt. #, etc. Suite, Apt. #, etc. 02172008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State POCH Richer City & State 26-1342599 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRANDES, MARIA Street Address (P.O. Box Number is Not Acceptable) 7617 PIPING ROCK COURT NEW PORT RICHEY, FL 34654 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition ☐ Delete TSTLE TITLE BRANDES, MARIA NAME NAME 7617 PIPING ROCK COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY, FL 34654 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME BRANDES, RANDY 7617 PIPING ROCK COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34654 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE LAFONTAINE, JEFFREY NAME NAME STREET ADDRESS 7617 PIPING ROCK COURT STREET ADDRESS CITY-ST-7IP NEW PORT RICHEY, FL 34654 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME

12. I hereby certify that the information supplied with this filling 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 avaddress, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

3/23/08 727-457-

FILED