2008 FOR PROFIT CORPORATION

Mar 10, 2008 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P07000132341 03-10-2008 90063 011 ***150.00 ALL SEASONS LAWN OF FLAGLER, INC. Principal Place of Business Mailing Address **6 SEPTEMBER PLACE 6 SEPTEMBER PLACE** PALM COAST, FL 32164 PALM COAST, FL 32164 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052008 CR2E034 (12/06) 4. FEI Number 7 - 1560290 City & State Applied For City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 6 SEPTEMBER PLACE PALM COAST, FL 32164 City 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **DPVS** TELLE ☐ Delete TITLE ☐ Change ☐ Addition MOORE, DONLD WJR. NAME NAME STREET ADDRESS **6 SEPTEMBER PLACE** STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32164 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOORE, DONLD W JR. NAME NAME STREET ADDRESS **6 SEPTEMBER PLACE** STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP PALM COAST, FL 32164 Delete TITLE Change ☐ `Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accurage 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 error 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: __

FILED