

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000133616

FILED  
May 10, 2010  
Secretary of State

**Entity Name:** INVISON LAWN CARE AND LANDSCAPING, INC

**Current Principal Place of Business:**

3539 APALACHEE PKY  
3-205  
TALLAHASSEE,, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

3539 APALACHEE PKY  
3-205  
TALLAHASSEE,, FL 32311

**New Mailing Address:**

**FEI Number:** 26-1602013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, TERESA I  
5260 NW 55 BLVD  
302  
COCONUT CREEK, FL 33073 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** WALKER, HAROLD L  
**Address:** 3539 APALACHEE PKY, SUITE 3-205  
**City-St-Zip:** TALLAHASSEE,, FL 32311

**Title:** VP  
**Name:** SMITH, GLORIA B  
**Address:** 3539 APALACHEE PKY, SUITE 3-205  
**City-St-Zip:** TALLAHASSEE,, FL 32311

**Title:** P  
**Name:** MILLER, TERESA I  
**Address:** 3539 APALACHEE PKY, SUITE 3-205  
**City-St-Zip:** TALLAHASSEE,, FL 32311

I hereby 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 all other like empowered.

**SIGNATURE:** HAROLD L. WALKER

CEO

05/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date