2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P07000134616

Entity Name: LAWN PRO LANDSCAPE & DESIGN, INC

Current Principal Place of Business:

2020 W FAIRBANKS AVE
101
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

2020 W FAIRBANKS AVE
101
WINTER PARK, FL 32789

New Mailing Address:

PO BOX 5379
WOODBRIDGE, VA 22194

FEI Number: 75-3264504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENIFEE, VICKIE
2020 W FAIRBANKS AVE
101
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: MOORE, BRENDA
Address: 2020 W FAIRBANKS AVE SUITE 101
City-St-Zip: WINTER PARK, FL 32789

Title: T ( ) Delete
Name: HOWARD, ADRINA D
Address: 2020 W FAIRBANKS AVE SUITE 101
City-St-Zip: WINTER PARK, FL 32789

Title: VP ( ) Delete
Name: MOORE, CHARLES
Address: 2020 W FAIRBANKS AVE SUITE 101
City-St-Zip: WINTER PARK, FL 32789

Title: P ( ) Delete
Name: MENIFEE, VICKIE Y
Address: 2020 W FAIRBANKS AVE SUITE 101
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: HOWARD, LEE
Address: 2020 W FAIRBANKS AVE SUITE 101
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: VICTORIA MENIFEE PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date