

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000000917

**FILED**  
**Nov 07, 2011**  
**Secretary of State**

**Entity Name:** MAGEE'S LAWN SERVICE, INC.

**Current Principal Place of Business:**

3433 ALABASTER DRIVE  
ZEPHYRHILLS, FL 33540

**New Principal Place of Business:**

**Current Mailing Address:**

3433 ALABASTER DRIVE  
ZEPHYRHILLS, FL 33540

**New Mailing Address:**

**FEI Number:** 26-1673820

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PROFESSIONAL ACCOUNTING  
38743 OTIS ALLEN ROAD  
ZEPHYRHILLS, FL 33540 US

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

FOWLER-CORLEY & ASSOCIATES  
5450 BRUCE B DOWNS BLVD #323  
WESLEY CHAPEL, FL 33544 US

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:** RITA FOWLER

11/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MAGEE, JOHN J  
**Address:** 3433 ALABASTER DRIVE  
**City-St-Zip:** ZEPHYRHILLS, FL 33540

**Title:** VP  
**Name:** MAGEE, LESLIE  
**Address:** 3433 ALABASTER DRIVE  
**City-St-Zip:** ZEPHYRHILLS, FL 33540

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:** JOHN J MAGEE

PRES

11/07/2011

Electronic Signature of Signing Officer or Director

Date