## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000004097

**FILED** Mar 28, 2009 Secretary of State

Entity Name: NIETO LAWN CARE INC. **Current Principal Place of Business: New Principal Place of Business:** 860 STONECHAPEL CT. APOPKA, FL 32712 **Current Mailing Address: New Mailing Address:** 860 STONECHAPEL CT. APOPKA, FL 32712 FEI Number: 26-1743069 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NIETO, LUCIO NIETO, LUCIO 860STÓNECHAPEL CT. 860 STONECHAPEL CT. APOPKA, FL 32712 APOPKA, FL 32712 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: LUCIO NIETO 03/28/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P/S ( ) Delete Title: () Change () Addition NIETO, LUCIO Name: Name: 860 STONECHAPEL CT. Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: NIETO, CIRO Name: 860 STONECHAPEL CT. Address: Address: APOPKA, FL 32712 City-St-Zip: 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: LUCIO NIETO P/S 03/28/2009