

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000046491

**Entity Name:** EAGLE LAWN CARE OF NE FLORIDA INC

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

54001 PADDOCK COURT  
CALLAHAN, FL 32011 US

**New Principal Place of Business:**

11828 NEW KINGS ROAD  
# 109  
JACKSONVILLE, FL 32219 US

**VOID**

**Current Mailing Address:**

PO BOX 1541  
CALLAHAN, FL 32011 US

**New Mailing Address:**

**FEI Number:** 26-2575977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, BOBBY L.  
54001 PADDOCK COURT  
CALLAHAN, FL 32011 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WILLIAMS, BRENDA D  
Address: 54001 PADDOCK COURT  
City-St-Zip: CALLAHAN, FL 32011 US

Title: VP  
Name: WILLIAMS, BOBBY L  
Address: 54001 PADDOCK COURT  
City-St-Zip: CALLAHAN, FL 32011

Amended Annual Report has been voided as a result of the April 12, 2012  
Reinstatement being voided and removed due to failure to provide proof  
of payment. SPT 7-13-12

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: BRENDA WILLIAMS

PRES

04/23/2012

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

\_\_\_\_\_  
Date