

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052075

FILED
Apr 29, 2009
Secretary of State

Entity Name: GREEN ACRES LAWN SERVICE INC.

Current Principal Place of Business:

1909 UNIVERSITY BLVD S
102
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

3442 VICTORIA PARK RD
JACKSONVILLE, FL 32216 US

Current Mailing Address:

1909 UNIVERSITY BLVD S
102
JACKSONVILLE, FL 32216 US

New Mailing Address:

3442 VICTORIA PARK RD
JACKSONVILLE, FL 32216 US

FEI Number: 36-4635348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKER, PAMELA M
1909 UNIVERSITY BLVD S
102
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

HACKER, PAMELA M
3442 VICTORIA PARK RD
JACKSONVILLE, FL 32216 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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HACKER, MATTHEW D
Address: 1909 UNIVERSITY BLVD S # 102
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VP () Delete
Name: HACKER, PAMELA M
Address: 1909 UNIVERSITY BLVD S # 102
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HACKER, MATTHEW D
Address: 3442 VICTORIA PARK RD
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VP (X) Change () Addition
Name: HACKER, PAMELA M
Address: 3442 VICTORIA PARK RD
City-St-Zip: JACKSONVILLE, FL 32216 US

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: PAMELA M HACKER

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date