

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052968

Entity Name: NATIVE LAWN CARE, INC.

FILED
May 15, 2009
Secretary of State

Current Principal Place of Business:

5611 SW 55 STREET
DAVIE, FL 33314

New Principal Place of Business:

2650 NW 49TH AVENUE
APT. #422, BLDG. #7
LAUDERDALE LAKES, FL 33313

Current Mailing Address:

5611 SW 55 STREET
DAVIE, FL 33314

New Mailing Address:

2650 NW 49TH AVENUE
APT. #422, BLDG. #7
LAUDERDALE LAKES, FL 33313

FEI Number: 61-1564144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KROLCZYNSKI, ADAM J
5611 SW 55 STREET
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

KROLCZYNSKI, ADAM J
2650 NW 49TH AVENUE
APT. #422, BLDG. #7
LAUDERDALE LAKES, FL 33313 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:

05/15/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KROLCZYNSKI, ADAM J
Address: 5611 SW 55 STREET
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KROLCZYNSKI, ADAM J
Address: 2650 NW 49TH AVENUE
City-St-Zip: LAUDERDALE LAKES, FL 33313

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: ADAM KROLCZYNSKI

PD

05/15/2009

Electronic Signature of Signing Officer or Director

Date