

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000058733

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** CONNOLLY'S SOD & LAWN SERVICE INC.

**Current Principal Place of Business:**

892 E VICTORIA LN  
HOLDER, FL 34445 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 335  
HOLDER, FL 34445 US

**New Mailing Address:**

**FEI Number:** 77-0721947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONNOLLY, KATHERINE J  
892 E VICTORIA LANE  
HOLDER, FL 34445 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:** P  
**Name:** CONNOLLY, KATHERINE J  
**Address:** 892 E VICTORIA LN  
**City-St-Zip:** HOLDER, FL 34445 US

**Title:** VP  
**Name:** CONNOLLY, JOSEPH F  
**Address:** 892 E VICTORIA LN  
**City-St-Zip:** HOLDER, FL 34445 US

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:** KATHERINE CONNOLLY

PRES

01/08/2011

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

\_\_\_\_\_  
Date