

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000061312

Entity Name: ON DUTY LAWN CARE, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

147 AVALON AVENUE
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

147 AVALON AVENUE
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 26-2866262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, CHRISTOPHER
147 AVALON AVENUE
FLAGLER BEACH, FL 32136 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NELSON, CHRISTOPHER
Address: 147 AVALON AVENUE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VP () Delete
Name: NELSON, KATHLEEN
Address: 147 AVALON AVENUE
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CHRISTOPHER NELSON

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date