

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000084273

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Entity Name:** LUCKY COMMERCIAL LAWN CARE, INC.

**Current Principal Place of Business:**

5400 SHADY PINE ST. SOUTH  
JACKSONVILLE, FL 32244 US

**New Principal Place of Business:**

**Current Mailing Address:**

5400 SHADY PINE ST. SOUTH  
JACKSONVILLE, FL 32244 US

**New Mailing Address:**

PO BOX 28478  
JACKSONVILLE, FL 32226 US

**FEI Number:** 26-3373015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IRONS, SHANE A  
5400 SANDY PINE ST. SOUTH  
JACKSONVILLE, FL 32244 US

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

IRONS, SHANE A  
10207 TULSA COURT  
JACKSONVILLE, FL 32218 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:**

02/03/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** IRONS, SHANE A  
**Address:** 10207 TULSA COURT  
**City-St-Zip:** JACKSONVILLE, FL 32218 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:** SHANE A. IRONS

PRES

02/03/2012

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

\_\_\_\_\_  
Date