## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P08000108239

Address:

City-St-Zip:

2351 IRISH LN

CLEATWATER, FL 33763

Entity Name: TWINS LAWN AND LANDSCAPE SERVICE INC

FILED Aug 21, 2009 Secretary of State

y		WITT THE ET HIS CONT E CEN	(VIOL II VO.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1554 S FT HARRISON AVE CLEARWATER, FL 33756				7619 32ND AVENUE NORTH ST. PETE, FL 33710	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1554 S FT HARRISON AVE CLEARWATER, FL 33756				7619 32ND AVENUE NORTH ST. PETE, FL 33710	
FEI Number	: 26-4112543	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
JACKE, MICHAEL 905 CANTERBURY LN LARGO, FL 33770 US				JOHNSON, JOE 7619 32ND AVENUE NORTH ST. PETE, FL 33710 US	
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: JOE JOHNSON				08/21/2009	
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	JOHNSON, JOE 7619 32ND AVE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	JOHNSON, JAM 7619 32ND AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (X) JACKE, MICHAE 905 CANTERBU LARGO, FL 337	RY LN	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	T (X) ACKERLEY, OL	Delete IVER	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JOE JOHNSON P 08/21/2009