

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000038346

Entity Name: "A" STYLE LAWN CARE, INC.

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5009 DAHOON VIEW DRIVE  
ORLANDO, FL 32829

**New Principal Place of Business:**

**Current Mailing Address:**

5009 DAHOON VIEW DRIVE  
ORLANDO, FL 32829

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

LALANNE, JEAN R  
5761 S ORANGE BLOSSOM TRAIL STE 8  
ORLANDO, FL 32829 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: PCEO  
Name: TABOAS, ALBERTO J  
Address: 5009 DAHOON VIEW DRIVE  
City-St-Zip: ORLANDO, FL 32829

Title: VT  
Name: TABOAS, MIGDALIA C  
Address: 5009 DAHOON VIEW DRIVE  
City-St-Zip: ORLANDO, FL 32829

Title: S  
Name: TABOAS, ALEXANDER  
Address: 5108 LA MANCHA CT  
City-St-Zip: ORLANDO, FL 32822

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: ALBERTO J. TABOAS

OWNE

02/18/2011

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

\_\_\_\_\_  
Date