

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000089601

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** SAMPSON LAWN CARE SERVICES, INC

**Current Principal Place of Business:**

1103 SHAFFER TRAIL  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 780640  
ORLANDO, FL 32878 US

**New Mailing Address:**

**FEI Number:** 26-4065622

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THORPE, LYSANDER  
6327 PINEY GLEN LANE  
ORLANDO, FL 32819 US

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

THORPE'S CONSULTING SYSTEMS, INC  
6327 PINEY GLEN LANE  
ORLANDO, FL 32819 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: LYSANDER THORPE

05/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SAMPSON, TORREY  
Address: P O BOX 780640  
City-St-Zip: ORLANDO, FL 32878 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: TORREY SAMPSON

PRES

05/01/2011

Electronic Signature of Signing Officer or Director

Date