

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000025777

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** PREMIER LAWNSCAPES, INC.

**Current Principal Place of Business:**

505 S PARKE VIEW DR  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 57238  
JACKSONVILLE, FL 32241

**New Mailing Address:**

**FEI Number:** 59-3176626      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SANTO, KELLY M  
505 S PARKE VIEW DR  
JACKSONVILLE, FL 32259      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:** PVST  
**Name:** SANTO, KELLY M  
**Address:** 505 S PARKE VIEW DR  
**City-St-Zip:** JACKSONVILLE, FL 32259

**Title:** D  
**Name:** SANTO, KELLY M  
**Address:** 505 S PARKE VIEW DR  
**City-St-Zip:** JACKSONVILLE, FL 32259

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: KELLY SANTO

PRES

04/26/2011

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

\_\_\_\_\_ Date