## 2007 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P93000033524** 1. Entity Name TED'S LAWN SERVICE, INC. Principal Place of Business Mailing Address 495 ST. TROPEZ CIRCLE NE ST PETERSBURG, FL 33703 495 ST. TROPEZ CIRCLE NE ST PETERSBURG, FL 33703 US US CR2E034 (11/05) 07142007 No Chg-P

**FILED** Aug 16, 2007 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE								
				4. FEI Numb			Applied Fo	
				5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent								
DUVAL, THEODORE J 495 ST.TROPEZ CIRCLE NE ST PETERSBURG, FL 33703			DO NOT WRITE IN THIS SPACE					
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Squature: typed or privated name of registered agent and title if applicable. (NOTE: Registered Agent agniture required when renetiting) US/15/UT-80/ARS1-007-150.00								
FILE NOWIII FEE IS \$150.00 9. Election Campaign Due by September 14, 2007 Trust Fund Contrib			cing	\$5.00 May Be Added to Fees	In accordance with corporation did not	s. 607. receive	193(2)(b), F.S., th the prior notice.	
10.	OFFICERS AND DIRE			· · · · · · · · · · · · · · · · · · ·				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P DUVAL, THEODORE J 495 ST.TROPEZ CIRCLE SAINT PETERSBURG, FL 33703							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUVAL, THEODORE G 704 71ST AVE N SAINT PETERSBURG, FL 33702							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUVAL, ELINOR J 4832 QUEEN PALM TERR NE SAINT PETERSBURG, FL 33703			DO	NOT WR	RITE	<b>:</b>	
TITLE NAME STREET ADDRESS C/TY-ST-ZIP				IN <sup>-</sup>	THIS SPA	CE		

12.	I hereby certify that the Information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under path; 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 in Block 10 or Block 11 if
	changed, or on an attachment with an address, with all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP