

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000050395

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: ALTAMONTE EXECUTIVE LAWN CARE & LANDSCAPING, INC.

## Current Principal Place of Business:

693 SHADY CT  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

693 SHADY CT  
ALTAMONTE SPRINGS, FL 32701 US

## Current Mailing Address:

693 SHADY CT  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

693 SHADY CT  
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 59-3190137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANION, MICHAEL  
693 SHADY COURT  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

MANION, MICHAEL W  
693 SHADY COURT  
ALTAMONTE SPRINGS, FL 32701 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: MICHAEL W. MANION

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MANION, MICHAEL  
Address: 693 SHADY COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: VST ( ) Delete  
Name: MANION BECKY  
Address: 693 SHADY COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MANION, MICHAEL W  
Address: 693 SHADY COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: VST (X) Change ( ) Addition  
Name: MANION BECKY  
Address: 693 SHADY COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE: BECKY MANION

VST

04/15/2009

Electronic Signature of Signing Officer or Director

Date