

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000057881

**FILED**  
**Feb 19, 2012**  
**Secretary of State**

**Entity Name:** CAPITAL LAWN MAINTENANCE, INC.

**Current Principal Place of Business:**

2333 SE SHELTER DR.  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7343  
PORT ST. LUCIE, FL 34985

**New Mailing Address:**

**FEI Number:** 65-0431155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRINZ, BETH T  
815 COLORADO AVE  
STUART, FL 34994 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: D  
Name: EMERSON, MARY E  
Address: 2333 S.E. SHELTER DR.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP  
Name: EMERSON, MARY E  
Address: 2333 SE SHELTER DR.  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: SEC  
Name: BELL, TERRI  
Address: 2333 SE SHELTER DR  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: MARY E EMERSON

D

02/19/2012

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

\_\_\_\_\_  
Date