2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 8:00 am
Secretary of State
02-04-2008 90038 046 ***150.00

DOCUMENT # P94000009683

1. Entity Name
RLM LAWN AND LANDSCAPE, INC.

Principal Place of Business	Mailing Address
10030 NW 35TH STREET COOPER CITY FL 33024 US	10030 NW 35TH STREET COOPER CITY FL 33024 US

66002694

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
SAME		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: COOPER CITY		City & State: SAME	
Zip: 33024	Country: BROWARD	Zip: S	Country: S

4. FEI Number 65-0477655 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, RICHARD PRES.
10030 NW 35TH STREET
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 [signature] Pres 2/29/08
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES	☐ Delete
NAME	SMITH, RICHARD PRES.	
STREET ADDRESS	10030 NW 35TH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	VP	☐ Delete
NAME	SMITH, KATHLEEN V VICE P.	
STREET ADDRESS	10030 NW 35 ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	DIR	☐ Delete
NAME	SMITH, RICHARD DIR.	
STREET ADDRESS	3209 S. OCEAN DR. APT 2A	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DIR	☐ Delete
NAME	SMITH, ROSEMARY DIR.	
STREET ADDRESS	3209 S. OCEAN DR. APT. 2A	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #