

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000024637

FILED
Apr 21, 2009
Secretary of State

Entity Name: NUTRIENTS PLUS LAWN CARE, INC.

Current Principal Place of Business:

1301 W COPANS ROAD
BLDG D, STE. D-7
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

4100 N. POWERLINE ROAD
SUITE X5
POMPANO BEACH, FL 33073 US

Current Mailing Address:

4300 N OCEAN BOULEVARD
14L
FORT LAUDREDALE, FL 33308 US

New Mailing Address:

FEI Number: 65-0477839 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVATORE PERRONE
4300 N OCEAN BOULEVARD
14L
FORT LAUDERDALE, FL 33308 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERRONE, SALVATORE A.
Address: 4300 N OCEAN BOULEVARD # 14L
City-St-Zip: FORT LAUDERDALE, FL 33308 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SALVATORE PERRONE

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date