2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCL	JMENT	# P94	10000	60780

1. Entity Name

COMPLETE LAWN CARE OF LEE COUNTY, INC.



Principal Place of Business

29 CARDINAL DRIVE FORT MYERS, FL 33917

Mailing Address

1318 LAFAYETTE ST CAPE CORAL, FL 33904



01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0510163 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone A

6. Name and Address of Current Registered Agent

JOHNSON, HOMER 1318 LAFAYETTE STREET CAPE CORAL, FL 33904

SIGNATURE:

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registe	ered office or r	egistered agent, or bo	oth, in the State of Florida I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	Emplicable (NOTE: Register 12: 12: 13: 13: 13: 13: 13: 13: 13: 13: 13: 13	ered Agent signature	required when reinstating) ?	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contribution		ancing	\$5.00 May Be Added to Fees	;		
10.	OFFICERS AND DIREC	TORS	T			
NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, HOMER 1318 LAFAYETTE STREET CAPE CORAL, FL 33904				Unnanca1922	
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12. I hereby certify that the information supplied with this filling 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 ceth; 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.						