

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000010991

FILED
Jul 05, 2008
Secretary of State

Entity Name: EVERGREEN LAWN SERVICE OF SW, FL, INC.

Current Principal Place of Business:

1010 MALIBU CT
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

1010 MALIBU CT
VENICE, FL 34293

New Mailing Address:

FEI Number: 65-0562864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, GREGORY C
341 VENICE AVE W
VENICE, FL 34285 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: MEADOWS, ROBERTS D
Address: 415 ARGUS RD
City-St-Zip: VENICE, FL 34293

Title: DVT () Delete
Name: MEADOWS, RANDY L
Address: 1010 MALIBU COURT
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROBERT D. MEADOWS

DPS

07/05/2008

Electronic Signature of Signing Officer or Director

_____ Date