

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90083 024 \*\*\*150.00

<b>DOCUMENT # P95000019569</b> 1. Entity Name <b>RICK ROBERT'S LAWN SERVICE, INC.</b>			
Principal Place of Business <b>5170 HARBORAGE DRIVE FORT MYERS, FL 33908</b>		Mailing Address <b>% ROBERT D. ROYSTON, JR. 12670 NEW BRITTANY BLVD., SUITE 101 FT. MYERS, FL 33907</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Drawer 60205</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>c/o John M. Wicker, P.A.</b>	
City & State 		City & State <b>Fort Myers FL</b>	
Zip 		Zip <b>33906</b>	
Country 		Country <b>Lee</b>	
4. FEI Number <b>65-0563010</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROYSTON, ROBERT D 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL 33907</b>		7. Name and Address of New Registered Agent Name Street <b>JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907</b> City 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 or foreign jurisdiction familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE <b>4/18/08</b>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP STALVEY, RICK 5170 HARBORAGE DRIVE FT MYERS, FL 33908	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVST STALVEY, MARY 5170 HARBORAGE DRIVE FT MYERS, FL 33908	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date: _____			