

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000019939

FILED
Feb 01, 2007
Secretary of State

Entity Name: GREEN ACRES LAWN & YARD MAINTENANCE, INC.

Current Principal Place of Business:

1020 PARTRIDGE CIRCLE
202
NAPLES, FL 341048824 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7549
NAPLES, FL 341017549 US

New Mailing Address:

FEI Number: 65-0562601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUBISCSEK, JACQUELYN
1020 PARTRIDGE CIRCLE
202
NAPLES, FL 341048824 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: KUBICSEK, STEPHEN M
Address: 1020 PARTRIDGE CIRCLE 202
City-St-Zip: NAPLES, FL 341048824

Title: VP () Delete
Name: KUBICSEK, MARK
Address: 3415 47TH AVE. NE
City-St-Zip: NAPLES, FL 34120

Title: S () Delete
Name: KUBICSEK, JOHN
Address: 2791 24TH AVE SE
City-St-Zip: NAPLES, FL 34117

Title: CEO () Delete
Name: KUBICSEK, JACQUELYN
Address: 1020 PARTRIDGE CIRCLE, #202
City-St-Zip: NAPLES, FL 341048824 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: JACQUELYN KUBICSEK

CEO

02/01/2007

Electronic Signature of Signing Officer or Director

Date