2008 FOR PROFIT-CORPORATION ANNUAL REPORT

Feb 13, 2008 08:00 Al Secretary of State **DOCUMENT # P95000050405** 1. Entity Name RICK ROSE LAWN CARE SERVICE, INC. Principal Place of Business Mailing Address **705 HARPER PLACE** P.O. BOX 0704 LADY LAKE, FL 32159 LADY LAKE, FL 32158-0704 01152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3322021 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSE, RICHARD DO NOT WRITE 705 HARPER PLACE LADY LAKE, FL 32159 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) DATE U000000826175 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 02/21/08-80039-009 150.nn OFFICERS AND DIRECTORS 10. TITLE D ROSE, RICHARD NAME STREET ADDRESS P.O. BOX 0704 N/A CITY-ST-ZIP LADY LAKE, FL 321580704 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZIP ļ TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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:

STREET ADDRESS

SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27/100

Daytime Phone #

FILED