

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052951

FILED
Apr 10, 2007
Secretary of State

Entity Name: GRASSHOPPERS LAWN & LANDSCAPING SERVICE INC.

Current Principal Place of Business:

10595 BAY PINES BLVD
SAINT PETERSBURG, FL 33708

New Principal Place of Business:

Current Mailing Address:

10595 BAY PINES BLVD
SAINT PETERSBURG, FL 33708

New Mailing Address:

FEI Number: 59-3339221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOPER, DREW
11199 73RD AVE N
SEMINOLE, FL 34642 US

Name and Address of New Registered Agent:

SOPER, DREW
10595 BAY PINES BLVD
ST. PETERSBURG, FL 33708 US

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:

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOPER, DREW
Address: 10595 BAY PINES BLVD
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: VP () Delete
Name: SOPER, LISA
Address: 10595 BAY PINES BLVD
City-St-Zip: SAINT PETERSBURG, FL 33708

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 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: LISA SOPER

VP

04/10/2007

Electronic Signature of Signing Officer or Director

Date