2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000052951

1. Entity Name
GRASSHOPPERS LAWN & LANDSCAPING SERVICE INC.

Principal Place of Business	Mailing Address
10595 BAY PINES BLVD SAINT PETERSBURG, FL 33708	10595 BAY PINES BLVD SAINT PETERSBURG, FL 33708

DO NOT WRITE IN THIS SPACE

01112008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3339221	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 signature required when reinstating)

U00000789646
01/23/08-80001-022 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	SOPER, DREW	
STREET ADDRESS	10595 BAY PINES BLVD	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708	
TITLE	VP	
NAME	SOPER, LISA	
STREET ADDRESS	10595 BAY PINES BLVD	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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: _____   1/15/08   727-392-6663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #