


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000077766**


1. Entity Name  
**MARCHBANK LAWN SERVICES, INC.**



Principal Place of Business      Mailing Address

**810 HANCOCK AVE.**      **810 HANCOCK AVE.**  
**SARASOTA, FL 34232 US**      **SARASOTA, FL 34232 US**

**DO NOT WRITE IN THIS SPACE**



01272008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3337379</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MARCHBANK, RUSSELL**  
**810 HANCOCK AVE.**  
**SARASOTA, FL 34232**

**DO NOT WRITE 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 signature required when reinstating)      DATE

**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

1100000819199  
**02/15/08-80073-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MARCHBANK, WILLIAM <i>Willa</i> 810 HANCOCK AVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD MARCHBANK, RANDALL E 741 ALBRITTON AVE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST. MARCHBANK, RUSSELL 810 HANCOCK AVE. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-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:** *Russell Marchbank*    *Russell Marchbank Treasurer*    *2-4-08*    *941-371-2544*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #