

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000030697

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** THE LAWN RANGER OF ST. AUGUSTINE, INC.

**Current Principal Place of Business:**

1660 SR 16  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

1660 SR 16  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 59-3375490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FURNAL, AUDRANA  
1660 SR 16  
ST. AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

FURNAL, AUDRANA  
8507 CROSSWINDS DR  
ST. AUGUSTINE, FL 32092 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:

01/20/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FURNAL, DAVID K  
Address: 8507 CROSSWINDS DR  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: S ( ) Delete  
Name: FURNAL, AUDRANA  
Address: 8507 CROSSWINDS DR  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP ( ) Delete  
Name: JONES, JESSICA M  
Address: 1608 N SUMMER RIDGE CT  
City-St-Zip: SAINT AUGUSTINE, FL 32092

**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:

I hereby certify that the information supplied with this filing does not qualify 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: AUDRANA FURNAL

S

01/20/2009

Electronic Signature of Signing Officer or Director

Date