

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90277 009 ***150.00

DOCUMENT # P96000071873 1. Entity Name CENTIPEDE LAWN SERVICES, INC.			
Principal Place of Business 15799 MENTON BAY CT DELRAY BEACH, FL 33446 US		Mailing Address 15799 MENTON BAY CT DELRAY BEACH, FL 33446 US	
2. Principal Place of Business - No P.O. Box # 8747 CARAWAY Lake Ct Suite, Apt. #, etc.		3. Mailing Address 8747 Caraway Lake Ct Suite, Apt. #, etc.	
City & State Boynton Beach, FL Zip 33437		City & State Boynton Beach, FL Zip 33437	
4. FEI Number 65-0704264		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEONE, BARBRA M 15799 MENTON BAY CT DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name Leone Barbra M. Street Address (P.O. Box Number is Not Acceptable) 8747 Caraway Lake Court City Boynton Beach FL Zip Code 33437	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEONE, BARBRA 15799 MENTON BAY CT DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Leone Barbra 8747 CARAWAY Lake Court Boynton Beach, FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEONE, JOHN 15799 MENTON BAY CT DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Leone, John 8747 CARAWAY Lake Court Boynton Beach, FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/17/07 <small>Date Daytime Phone #</small>	