

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000019604

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** VAN'S LAWN MAINTENANCE, INC.

**Current Principal Place of Business:**

501 N. SETON AVENUE  
LECANTO, FL 344618789

**New Principal Place of Business:**

**Current Mailing Address:**

501 N. SETON AVENUE  
LECANTO, FL 344618789

**New Mailing Address:**

**FEI Number:** 59-3439765

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VAN ASSEN, ROBERT B  
501 N. SETON AVENUE  
LECANTO, FL 344618789 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: VAN ASSEN, ROBERT B  
Address: 501 N. SETON AVENUE  
City-St-Zip: LECANTO, FL 344618789

Title: D  
Name: VAN ASSEN, MONICA  
Address: 501 N. SETON AVENUE  
City-St-Zip: LECANTO, FL 344618789

I hereby 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 all other like empowered.

SIGNATURE: ROBERT R. VANASSEN

PRES

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date