## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000023631

3692 SEMINOLE DR

ORLANDO, FL 32812

Address:

City-St-Zip:

Entity Name: MOWER MEN LAWN CARE MAINTENANCE, INC

FILED Jan 03, 2007 Secretary of State

Thirty Hame! Mever Merver of the two titles and entire the titles						
Current Principal Place of Business:			New Princ	ipal Place	of Business:	
	RANGE BLOS ), FL 32839	SOM TR.				
Current Mailing Address:			New Mailing Address:			
	RANGE BLOS ), FL 32839	SOM TR.				
FEI Number:	59-3382829	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	STAVO P RANGE BLOS ), FL 32807					
The above in the State	named entity of Florida.	submits this statement for the p	ourpose of changing i	its registere	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Age	ent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	LASO, GUSTA	GE BLOSSOM TR.	Title: Name: Address: City-St-Zip:		NOLE DRIVE	
Title: Name: Address: City-St-Zip:	D ( LASO, EUGEN 7308 FULCRUI ORLANDO, FL	M AVE.	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( LASO, CLAUDI 7307 FULCRUI ORLANDO, FL	VI AVE	Title: Name: Address: City-St-Zip:	D LASO, CLAI 3343 HERR ORLANDO,	INGRIDGE DR	
Title: Name:	D ( LASO, JOSE L	) Delete	Title: Name:	D LASO, JOS	(X) Change()Addition E L	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

3344 QUAILWEST CT

ORLANDO, FL 32812

SIGNATURE: JOSE L. LASO D 01/03/2007