

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000030177

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** EMERALD VISIONS LAWN CARE, INC.

**Current Principal Place of Business:**

225 N. BARTRAM TRAIL  
FRUIT COVE, FL 32259

**New Principal Place of Business:**

6795 B SR 16  
SAINT AUGUSTINE, FL 32092

**Current Mailing Address:**

P.O. BOX 600919  
JACKSONVILLE, FL 32260 US

**New Mailing Address:**

**FEI Number:** 59-3440022      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HUGHES, KENTON  
225 NORTH BARTRAM TRAIL  
FRUIT COVE, FL 32259 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:** PVST  
**Name:** HUGHES, KENTON  
**Address:** 6795 A SR16  
**City-St-Zip:** SAINT AUGUSTINE, FL 32092

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: KENTON E HUGHES

PRES

04/23/2011

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

\_\_\_\_\_ Date