

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000041053

1. Entity Name
D&M LAWN SERVICE, INC.



Principal Place of Business
1150 DELMAR ST
ENGLEWOOD, FL 34224 US

Mailing Address
1150 DELMAR ST
ENGLEWOOD, FL 34224

FILED
Jul 09, 2008 08:00 AM
Secretary of State



07052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0758870	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLESPIE, DALE W
1150 DELMAR ST
ENGLEWOOD, FL 34224

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILLESPIE, DALE W
STREET ADDRESS	1150 DELMAR ST
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	VPS
NAME	GILLESPIE, MARILYN
STREET ADDRESS	1150 DELMAR ST
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000953851
07/09/08-80008-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Dale Gillespie Dale Gillespie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-08
Date

Daytime Phone # _____