2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-02-2007 90039 015 ***150.00

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1. Entity Name

LINDELL'S LAWN LABOR & STUFF, INC.

Principal Place of Business	Mailing Address
316 O MTN. DR DESTIN FL 32541	PO BOX 1364 DESTIN FL 32540

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
194 Hwy 98	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin FL	City & State
Zip: 32540 Country: USA	Zip Country

4. FEI Number 59-3449080 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROPER, LINDELL 316-A MOUNTAIN DR DESTIN FL 32540	Name ~~Lindell Roper~~ Street Address (P.O. Box Number is Not Acceptable) ~~194 Hwy 98~~ City ~~Destin~~ FL Zip Code ~~32540~~

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 Lindell K. Roper 5-19-07

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
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PSTD ROPER, LINDELL K PO BOX 1364 DESTIN FL 32540	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.