


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90172 016 \*\*\*150.00

DOCUMENT # P97000067060			
1. Entity Name MODERN LAWNS, INC.			
Principal Place of Business 171 W GOLDEN GATE BLVD NAPLES, FL 34120 US		Mailing Address 171 W GOLDEN GATE BLVD NAPLES, FL 34120 US	
2. Principal Place of Business - No P.O. Box # 3680 3rd Avenue N.W. Suite, Apt. #, etc.		3. Mailing Address 3680 3rd Avenue N.W. Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34120	Country USA	Zip 34120	Country USA
6. Name and Address of Current Registered Agent LEE, KELLY A ESQ. 233 SOUTH AIRPORT ROAD NAPLES, FL 34104		7. Name and Address of New Registered Agent Name: Shane Robertson Street Address (P.O. Box Number is Not Acceptable): 3680 3rd Avenue N.W. City: Naples FL Zip Code: 34120	
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: <u>Shane Robertson</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/30/07</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT ROBERTSON, SHANE G 171 W GOLDEN GATE BLVD NAPLES, FL 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3680 3rd Avenue N.W.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ROBERTSON, ROBIN L 171 W GOLDEN GATE BLVD NAPLES, FL 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3680 3rd Avenue N.W.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Robin Robertson</u>		Date: <u>Robin Robertson 3/30/07</u> (239) 455-9558	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	