

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P97000085952

1. Entity Name

RIGHT WAY LAWN SERVICE, INC.



Principal Place of Business

**3245 NEW ENGLAND ST
SARASOTA, FL 34231**

Mailing Address

**3245 NEW ENGLAND ST
SARASOTA, FL 34231**



04132007

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0801438

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FORD, DEBRA S
3245 NEW ENGLAND STREET
SARASOTA, FL 34231**

**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
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE DPST
NAME SALERNO, MARK
STREET ADDRESS 3245 NEW ENGLAND STREET
CITY-ST-ZIP SARASOTA, FL 34231**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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000000710467
04/25/07-80044-013 150.00

**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:

Mark Salerno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07

Date

Daytime Phone #

**941
9236685**