


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90022 050 \*\*\*150.00

<b>DOCUMENT # P97000089820</b> 1. Entity Name <b>RAINBOW LAWN SERVICE OF PORT ST. LUCIE, INC.</b>																													
Principal Place of Business <b>2514 SE GRAND DRIVE PORT ST. LUCIE, FL 34952</b>			Mailing Address <b>2514 SE GRAND DRIVE PORT SAINT LUCIE, FL 34952</b>																										
2. Principal Place of Business - No P.O. Box # <b>2222 SE ANECL ST.</b>		3. Mailing Address <b>2222 SE ANECL ST</b>																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State <b>PSL FL</b>		City & State <b>FL</b>		4. FEI Number <b>65-0945464</b>																									
Zip <b>34984</b>		Country <b>VS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>VILLINES, JENNIFER 2514 SE GRAND DRIVE PORT SAINT LUCIE, FL 34952</b>			7. Name and Address of New Registered Agent Name <b>PAULA SHERI AREHART</b> Street Address (P.O. Box Number is Not Acceptable) <b>2222 SE ANECL ST</b> City <b>PSL</b> State <b>FL</b> Zip Code <b>34984</b>																										
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><i>Paula S. Arehart</i></u> <b>PAULA SHERI AREHART</b> DATE <b>5/5/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>AREHART, PAULA SHERI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2514 SE GRAND DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT SAINT LUCIE, FL 34952</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	AREHART, PAULA SHERI		STREET ADDRESS	2514 SE GRAND DR		CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">AREHART, PAULA SHERI</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>2222 SE ANECL ST</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PSL FL 34984</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	AREHART, PAULA SHERI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	2222 SE ANECL ST		STREET ADDRESS	PSL FL 34984		CITY-ST-ZIP		
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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><i>Paula S. Arehart</i></u> <b>PAULA SHERI AREHART</b> DATE <b>5/5/07</b> 772-340 2730 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

# ATTACHMENT

40110001  
# P97000089820

## GENERAL RELEASE AND SURRENDER

KNOW ALL MEN BY THESE PRESENTS:

That Jennifer Villines, party of the first part, for and in consideration of the sum of Ten Dollars lawful money of the United States of America or other valuable considerations, received from Rainbow Lawncare Inc. (d/b/a Landscape of South Florida and hereafter called the Company) and Paula Sheri Arehart, party of the second part, whereof is hereby acknowledged,

(Wherever used herein the terms "first party" and "second party" shall include singular and plural, heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

HEREBY does remise, release, satisfy and forever discharge the second party, of and from all, and all manner of action and actions, cause and causes of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which said party of the first part ever had, now has or which any personal representative, successor, heir or assign of the party of the first part hereafter can, shall or may have against said party of the second part, for, upon or by reason of any matter, cause or thing whatsoever, from the beginning of the world to the day of these presents, in particular unconditionally and irrevocably surrenders all claims of ownership of any equitable or legal right or interest to stock or equity in the company.

31, 2007 IN WITNESS WHEREOF, I (we) have hereunto set my (our) hands and seals on January

Signed, sealed and delivered  
in the presence of:

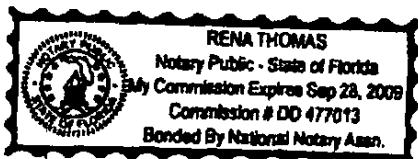
Joyce L. Michel  
Witness Joyce L. Michel

Julie Montanero  
Witness Julie Montanero

J. Villines  
Jennifer Villines

STATE OF FLORIDA  
COUNTY OF ST. LUCIE

Before me on January 31, 2007 personally appeared Jennifer Villines who is either personally known to me or who produced a driver's license as proof of identity. She did not take an oath, but acknowledged that she executed this instrument for the purposes stated herein.



Rena Thomas  
Notary Public, State of Florida At Large  
My Commission Expires: Sep 28, 2009  
My Commission No. Is DD477013