

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90176 001 ***150.00

DOCUMENT # P98000012450					
1. Entity Name 4-STAR LAWN SERVICE, INC.					
Principal Place of Business 18484 NARCISSUS ROAD FT. MYERS, FL 33912			Mailing Address 18484 NARCISSUS ROAD FT. MYERS, FL 33912		
2. Principal Place of Business - No P.O. Box # 18354 Ostego Drive Suite, Apt. #, etc.		3. Mailing Address 18354 Ostego Drive Suite, Apt. #, etc.			
City & State Fort Myers, FL Zip: 33967 Country: USA		City & State Fort Myers, FL Zip: 33967 Country: USA		4. FEI Number 65-0815095 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02282007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SOWLE, JOHN D 18484 NARCISSUS ROAD FT. MYERS, FL 33912			7. Name and Address of New Registered Agent Name: LUIS M. SILVA Street Address (P.O. Box Number is Not Acceptable): 18354 Ostego Drive City: Fort Myers, FL 33967 FL Zip Code: 33967		
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: DATE: 4/9/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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: VP NAME: SOWLE, JOHN STREET ADDRESS: 18484 NARCISSUS RD CITY-ST-ZIP: FT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		TITLE: President NAME: SILVA, LUIS M. STREET ADDRESS: 18354 Ostego Drive CITY-ST-ZIP: Fort Myers, FL 33967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: S NAME: SOWLE, JUDITH STREET ADDRESS: 18484 NARCISSUS RD CITY-ST-ZIP: FT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		TITLE: Vice President NAME: JOSE SILVA STREET ADDRESS: 18354 Ostego Dr CITY-ST-ZIP: Ft Myers FL 33967	<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	
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:			4/9/07 239-245-1515 <small>Date Daytime Phone #</small>		