## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000020289

City-St-Zip:

Entity Name: BARRY KIP LAWN CARE, INC.

SEMINOLE, FL 337754833

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
P.O. BOX 4833 SEMINOLE, FL 337754833		10637 ENCINO CT. PORT RICHEY, FL 34	10637 ENCINO CT. PORT RICHEY, FL 34668	
Current Mailing Address:		New Mailing Address	New Mailing Address:	
P.O. BOX 4833 SEMINOLE, FL 337754	1833			
FEI Number: 59-3495168	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
LOVELACE, WILLIAM F 2310 WEST BAY DRIVI LARGO, FL US				
The above named entity in the State of Florida.	$\prime$ submits this statement for the ${\mathfrak p}$	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electro	onic Signature of Registered Age	ent	Date	
Election Campaign Financi	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P ( Name: KIP, BARRY Address: P.O. BOX 483	) Delete	Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY KIP P 01/20/2009