


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90311 012 ***150.00

DOCUMENT # P98000051623

1. Entity Name
RUSSELL'S LAWN CARE, INC.



Principal Place of Business
~~6328 NW DORA CT.~~
~~PORT SAINT LUCIE, FL 34983~~

Mailing Address
~~6328 NW DORA CT.~~
~~PORT SAINT LUCIE, FL 34983~~

60024915



2. Principal Place of Business
437 Northwoods DR
 Suite, Apt. #, etc.

3. Mailing Address
437 Northwoods DR
 Suite, Apt. #, etc.

01062008 Chg-P CR2E034 (11/05)

City & State
MT AIRY, GA 30563

City & State
MT AIRY, GA 30563

Zip Country Zip Country

4. FEI Number
65-0852000

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
~~WILLIAMS, RUSSELL~~
~~6328 NW DORA CT.~~
~~PORT SAINT LUCIE, FL 34983~~

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
James J O'Hearn

Street Address (P.O. Box Number is Not Acceptable)
2406 NE 17th COURT

City **Jensen Beach** FL Zip Code **34957**

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 James J O'Hearn James J. O'Hearn 4/3/06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMS, RUSSELL 6328 NW DORA COURT PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T WILLIAMS, GINGER 6328 NW DORA COURT PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
437 NORTHWOODS DRIVE MT AIRY, GA 30563	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
437 NORTHWOODS DRIVE MT AIRY, GA 30563	
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"/> Change <input type="checkbox"/> Addition
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: Russell Williams Russell Williams 4/3/06 (TTD) 344-5042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

President