

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90020 008 ***550.00

DOCUMENT # P98000051623

1. Entity Name

RUSSELL'S LAWN CARE, INC.



Principal Place of Business

437 NORTHWOODS DR
MOUNT AIRY GA 30563

Mailing Address

437 NORTHWOODS DR
MOUNT AIRY GA 30563

2. Principal Place of Business - No P.O. Box #

4513 NW Glazebrook St.

3. Mailing Address

4513 NW Glazebrook St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34983

Country

USA

Zip

34983

Country

USA

4. FEI Number

65-0852000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'HEARN, JAMES J
2466 NE 17TH CT.
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

7/30/07

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WILLIAMS, RUSSELL**
STREET ADDRESS **437 NORTHWOODS DR**
CITY-ST-ZIP **MOUNT AIRY GA 30563**

TITLE **S/T** ☐ Delete
NAME **WILLIAMS, GINGER**
STREET ADDRESS **437 NORTHWOODS DR**
CITY-ST-ZIP **MOUNT AIRY GA 30563**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Williams, Russell**
STREET ADDRESS **4513 NW Glazebrook St.**
CITY-ST-ZIP **Port St. Lucie, FL 34983**

TITLE **S/T** ☒ Change ☐ Addition
NAME **Williams, Ginger**
STREET ADDRESS **4513 NW Glazebrook St.**
CITY-ST-ZIP **Port St. Lucie, FL 34983**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-07 772-359-9998

Date

Daytime Phone #