


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000065848</b> 1. Entity Name <b>BRIAN'S BETTER LAWNS &amp; GARDENS, INC.</b>	
---	---

Principal Place of Business <b>398 PLEASANT PLACE WAY BOWLING GREEN, KY 42104</b>	Mailing Address <b>398 PLEASANT PLACE WAY BOWLING GREEN, KY 42104</b>
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0852400</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>HIGGINS, JAMES 6672 TRAIL BLVD NAPLES, FL 34108</b>
--

<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<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</b> May Be Added to Fees
---	---

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLOY, PAT 398 PLEASANT PLACE WAY BOWLING GREEN, KY 42104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MULLOY, BRIAN 271 LAMPLIGHTER DR BOWLING GREEN, KY 42104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MULLOY, GALE 398 PLEASANT PLACE WAY BOWLING GREEN, KY 42104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000520097 01/10/07-80033-024 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

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:** Gale L. Mulloy GALE L. MULLOY 1/5/07 270-846-1818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #