


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P98000070726</b> 1. Entity Name <b>TORRES LAWN SERVICE OF SARASOTA, INC.</b>	
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Principal Place of Business <b>2508 BAHIA VISTA SARASOTA, FL 34239</b>	Mailing Address <b>2508 BAHIA VISTA SARASOTA, FL 34239</b>
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**DO NOT WRITE IN THIS SPACE**



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0860896</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>TORRES, SHEREE 2508 BAHIA VISTA SARASOTA, FL 34239</b>
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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>000000853147</b> <b>03/26/08-80053-022 150.00</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTS TORRES, SHEREE 2508 BAHIA VISTA SARASOTA, FL 34239</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V TORRES, VINCE 2508 BAHIA VISTA SARASOTA, FL 34239</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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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

<b>SIGNATURE:</b>  <b>SHEREE TORRES</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>PREPARED</b> <b>3-6-08</b> <small>Date</small>	<b>941-952-0849</b> <small>Daytime Phone</small>
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