

# 2007 FOR PROFIT CORPORATION ANNUAL-REPORT (AR)

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # P98000084251**

1. Entity Name  
**LAWN BUSTERS LAWN MAINTENANCE OF CITRUS COUNTY, INC.**

Principal Place of Business <b>1840 NW 18TH ST CRYSTAL RIVER FL 34428 US</b>	Mailing Address <b>1840 NW 18TH ST CRYSTAL RIVER FL 34428 US</b>
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1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>59-3537465</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>DAVIS, SCOTT B D 1840 NW 18ST CRYSTAL RIVER FL 34428</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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: *Scott B. Davis* (NOTE: Registered Agent signature required when reappointing) DATE: 1-25-07

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: <b>D</b> <input type="checkbox"/> Delete NAME: <b>DAVIS, SCOTT B D</b> STREET ADDRESS: <b>1840 NW 18TH ST</b> CITY - ST - ZIP: <b>CRYSTAL RIVER FL 34428</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>U00000618894</b> STREET ADDRESS: <b>02/08/07-80048-020</b> CITY - ST - ZIP: <b>150.00</b>
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY - ST - ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY - ST - ZIP:
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Scott B. Davis* **SCOTT B. DAVIS** DATE: 1-25-07 DAYTIME PHONE: 352-785-6482