

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002152

Entity Name: NEWMAN'S GROUND CARE, INC.

FILED
Sep 24, 2009
Secretary of State

Current Principal Place of Business:

11637 COLMUBIA PARK DR. E
#2
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

1827 SWISS OAKS ST..
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-3548824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEWMAN, PATRICK
1827 SWISS OAKS STREET
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NEWMAN, PATRICK
Address: 1827 SWISS OAKS STREET
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: NEWMAN, TINA
Address: 1827 SWISS OAKS STREET
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK NEWMAN

PRES

09/24/2009

Electronic Signature of Signing Officer or Director

Date