2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jul 20, 2007 08:00 AM **DOCUMENT #P99000008329** Secretary of State 1. Entity Name LAWN TAMER LANDSCAPING, INC. Principal Place of Business Mailing Address 64 BETHEL LOOP 64 BETHEL LOOP **DELTONA FL 32738-9339 DELTONA FL 32738-9339** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Some SANS Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) City & State 4. FEI Number City & State Applied For 59-3576227 Samo يومبر وسرك Not Applicable Zip Country WSA Country Zio \$8.75 Additional 5. Certificate of Status Desired Volusia Fee Required Sano Wheeja 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 16na BROWN, RANDALL S Street Address (P.O. Box Number is Not Acceptable) 64 BETHEL LOOP CIR. **DELTONA FL 32738-9339** City 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. 1 am familiar with, and accept the obligations of registered agent. 7/17/07 KANDAILS SROWAT FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150 00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition BROWN, RANDALL S NAME NAME STREET ADDRESS 64 BETHEL LOOP CIR U000000769812 STREET ADDRESS 07/20/07-80005-024 550.00 **DELTONA FL 32738** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TITLE TITLE ... Change_ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- 7IP ☐ Delete ☐ Change Addition IIILE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE: Largon 1/5. Site of Signing Officer on Director Date Cayling Phone #

changed, or on an attachment with an address, with all other like empowered.

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