

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 27, 2008 8:00 am
Secretary of State

06-27-2008 90001 048 ***158.75

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1. Entity Name

AUTHENTIC LAWN MAINTENANCE, INC.



Principal Place of Business

**15042 SPINNACKER CT.
NAPLES, FL 34119**

Mailing Address

**15042 SPINNACKER CT.
NAPLES, FL 34119**



05152008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3557245

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HERNANDEZ, KEVIN
4110 LOOKING GLASS LANE
NAPLES, FL 34112**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME HERNANDEZ, KEVIN
STREET ADDRESS 4110 LOOKING GLASS LANE
CITY-ST-ZIP NAPLES, FL 34112

TITLE D
NAME ROSALES, RUBEN
STREET ADDRESS 4110 LOOKING GLASS LANE
CITY-ST-ZIP NAPLES, FL 34112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Kevin Hernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/6/08 *239-269-4876*