2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000024937

Entity Name: WILLIAMS LAWN CARE SERVICE, INC.

FILED Jan 23, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

660 1ST STREET SW 4040 GOLDEN GATE BLVD E

NAPLES, FL 34117 NAPLES, FL 34120

Current Mailing Address: New Mailing Address:

15275 COLLIER BLVD. #247 4040 GOLDEN GATE BLVD E

NAPLES, FL 34119 NAPLES, FL 34120

FEI Number: 59-3566110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, JOHN D

15275 COLLIER BLVD. #246

NAPLES, FL 34119 US

BERGGREN, FRANKLIN S

4040 GOLDEN GATE BLVD E

NAPLES, FL 34120 US

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: FRANKLIN SCOTT BERGGREN 01/23/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

PVST () Delete Title: PVST (X) Change () Addition
WILLIAMS, JOHN D Name: BERGGREN, FRANKLIN S
660 1ST STREET SW Address: 4040 GOLDEN GATE BLVD E

City-St-Zip: NAPLES, FL 34117 City-St-Zip: NAPLES, FL 34120

Title: Title: (X) Change () Addition () Delete Name: WILLIAMS, JOHN D Name: BERGGREN, FRANKLIN S 660 1ST STREET SW 4040 GOLDEN GATE BLVD E Address: Address: NAPLES, FL 34117 NAPLES, FL 34120 City-St-Zip: Citv-St-Zip:

Title: VSTD (X) Delete Title: () Change () Addition

 Name:
 WILLIAMS, BELYNDA E
 Name:

 Address:
 660 1ST STREET SW
 Address:

 City-St-Zip:
 NAPLES, FL 34117
 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: FRANKLIN SCOTT BERGGREN D 01/23/2008