## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P99000040955**

1. Entity Name

**GREENSIDE UP LAWN SERVICE INC** 



**FILED** Apr 03, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

18558 S.W. 8 MIAMI, FL 33	89TH PLACE 18558 S.W. 89TH PLACE 33157 MIAMI, FL 33157				B 19410 (911) 3 BKU BBKY 2016	<b>1</b>	IS 9 (14 S S) (15 S S)
DO NOT WRITE IN THIS SPACE			CE	03222008 No Chg-P CR2E034 (11/05)  4. FEI Number			
			5. Certificate	of Status Desired		75 Additional Required	
	6. Name and Address of Current Reg	stered Agent	•				
	JN, ROBERT S GLER ST. 540 33130	DO NOT WRITE IN THIS SPACE					
the obligati	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or register	red agent, or bo	th, in the State of Flor	ida. 1 am famil	iar with, and accept
SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.				i when reinstating)		DATE	
FILE NOWIII- FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign I Trust Fund Contribu			icing \$5 □ Add	.00 May Be led to Fees	U00000 04/15/08-	1879708 180031-01	ns 150 mg
10.	OFFICERS AND DIR	ECTORS 4-	1" 4 g l				
TITLE NAME STREET ADDRESS CITY-ST-ZĪP	D HAMMON, DALE A 18558 S.W. 89TH PLACE MIAMI, FL 33157		and to hope and the sign		e dans	. <u>.</u> . t	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE	
TRILE Name Street address City-St-Zip							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,				
12.   hereby	certify that the information supplied with this	filing does not qualify for the exe	emptions contained	d in Chapter 11	9, Florida Statutes. I f	urther certify t	hat the information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal 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:**