

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000057876</b> 1. Entity Name <b>SMITH BROTHERS LAWN SERVICE CORP.</b>	
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Principal Place of Business <b>10094 CR 49 LIVE OAK, FL 32060</b>	Mailing Address <b>10094 CR 49 LIVE OAK, FL 32060</b>
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**DO NOT WRITE IN THIS SPACE**



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3584243</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SMITH, LISA M**  
**10094 CR 49**  
**LIVE OAK, FL 32060**

**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: *Lisa M. Smith* DATE: 2/11/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000826542  
 02/21/08-80054-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, TIMOTHY J 10094 CR 49 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, JEFFREY H 10094 CR 49 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, LISA M 10094 CR 49 LIVE OAK, FL 32060
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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: *Lisa M. Smith* DATE: 2/11/08 Daytime Phone #: 386-264-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR