## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 08, 2008 08:00 AN DOCUMENT # P99000060931 **Secretary of State** STETSON'S LAWN SERVICES, INC. Principal Place of Business Mailing Address 1504 LAKE DRIVE 1504 LAKE DRIVE DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 No Chg-P CR2E034 (11/05) 01052008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0940639 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALLACE, STETSON DO NOT WRITE 1504 LAKE DRIVE DELRAY BEACH, FL 33444 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WALLACE, STETSON NAME 1504 LAKE DRIVE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33444 TITLE ##U00000620361& 02/18/02/80025-018/150:00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with this filling 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 it 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 attacpment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP