2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AN
Secretary of State

ANNUAL REPORT				_			2008 U83
DOCUMENT # P9900066328 1. Entity Name					FPs	Secret	ary of S
KING CC).LAWN CARE SERVICE, INC						
•	ce of Business	Mailing Address					
102 23 ST (Bradenton	COURT EAST N, FL 34208	102 23 ST COURT EAST BRADENTON, FL 34208			- 1818 - 1817 - 1874 - 1 111 - 1 881		# 11681 (B1188) 1(AB#2
. •		· ·					
DO NOT WOITE IN THE ODA			^	02152008 No Chg-P CR2E034 (11/05)			
L	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numbe 65-093			Applied For Not Applicable
•			•	5. Certificate	of Status Desired		5 Additional Required
	6. Name and Address of Current Re	gistered Agent	-		,		
TAFFLIN, ERNEST 573 SUTTON PL LONGBOAT KEY, FL 34228					NOT W		
				. 114		AUL	
	a named entity submits this statement for th	e purpose of changing its registe	red office or register	red agent, or bo	th, in the State of Flo	rida. I am familii	ar with, and accept
the obliga	tions of registered agent.						
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE Registere			ad Agent signature required	d when reinstating)		DATE	
	.E NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00				May Be U00000940493 • Fees U5/28/08-80069-015 150.00		
10.	OFFICERS AND DIF	RECTORS	11/4/11/11	- 1 : *			
TITLE NAME STREET ADDRESS	D KING, GARY D 102 23 ST COURT EAST				,	*	
CITY-ST-ZIP	BRADENTON, FL 34208		_		•		
TITLE					-		•
STREET ADDRESS						• .	
CITY-ST-Z#P			4		,		
TITLE NAME						•	, .
STREET ADDRESS CITY-ST-ZIP			,	DO	NOT W	RITE	
TITLE			1		THIS SP		· •
NAME STREET ADDRESS				11 4			
CITY-ST-ZIP					·		•

12. 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 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

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

GOLLY LONG

GARY D. Kin

2-15-08

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Daytime Phone #