

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108412

FILED
Apr 30, 2009
Secretary of State

Entity Name: CORAL LAWN MAINTENANCE, INC.

Current Principal Place of Business:

1782 18TH AVENUE N.
LAKE WORTH, FL 33461 US

New Principal Place of Business:

1782 18TH AVENUE N.
LAKE WORTH, FL 33460 US

Current Mailing Address:

1782 18TH AVENUE N.
LAKE WORTH, FL 33461

New Mailing Address:

1782 18TH AVENUE N.
LAKE WORTH, FL 33460 US

FEI Number: 65-1034161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIKE, JANE C
18838 N. OSPREY WAY
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CHARLTON, JEFFRIE M
Address: 1782 18TH AVENUE N.
City-St-Zip: LAKE WORTH, FL 33460

Title: T () Delete
Name: PIKE, JANE C
Address: 18838 N OSPREY WAY
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JEFFRIE CHARLTON

MR

04/30/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date