


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # S33927 1. Entity Name NEIGHBORHOOD LAWN CARE, INC.	
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Principal Place of Business 6574 NORTH S.R. 7 #121 POMPAÑO BEACH, FL 33073	Mailing Address 6574 NORTH S.R. 7 #121 POMPAÑO BEACH, FL 33073
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DO NOT WRITE IN THIS SPACE



04012007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0246043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MADONIA, NANCY L
6574 NORTH S.R. 7
#121
COCONUT CREEK, FL 33066

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000689908 04/11/07-80054-008 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADONIA, GASPARE S. 6574 N SR 7 # 121 COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MADONIA, NANCY L 6574 N SR 7 # 121 COCONUT CREEK, FL 33073
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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: Nancy L. Madonia 4/2/07 954-970-9660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #