2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S42406

1. Entity Name FLORIDAYS LAWN CARE, INC.

Principal Place of Business

2161 S.E. BISBEE ST. PORT ST LUCIE, FL 34952 Mailing Address

2161 S.E. BISBEE ST. PORT ST LUCIE, FL 34952

US

FILED Mar 07, 2007 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

01242007	No Chg-P	CR2E034 (11/05)		
4. FEI Number		Applied F	or	
65-0256448		Not Appli	cab	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FENTY, JEROLD B 2161 SW BISBEE ST PORT SAINT LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

		1:					
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Const	COT D			DATE		
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rematating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FENTY, JEROLD B 2161 S.E. BISBEE ST. PORT SAINT LUCIE, FL 34952				U000000		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FENTY, ROSARY 2161 S.E. BISBEE ST. PORT SAINT LUCIE, FL 34952		03/16/07-80001-019 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS					3		

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.

CITY-ST-ZIP