## 2008 FOR PROFIT CORPORATION

## Feb 04, 2008 08:00 AN **Secretary of State DOCUMENT # V26837** RICK'S LAWN CARE, INC. Principal Place of Business Mailing Address 12210 SAN ANGELA DR. P.O. BOX 17195 SAN ANTONIO, FL 33576 TAMPA, FL 33682-7195 US 01092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3117633 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STULL, R JEFFREY DO NOT WRITE 602 SOUTH BOULEVARD TAMPA, FL 33606 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, typed or printed name of regulered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U000000813581 HARGRAVE, RICHARD J NAME STREET ADDRESS 12210 SAN ANGELA DR 02/13/08-80010-005 158.75 CITY-ST-ZIP SAN ANTONIO, FL 33576 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

HARGRANC - OWNER