

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V55918

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: P & L LAWN MAINTENANCE, INC.

**Current Principal Place of Business:**

300 N. GOLDENROD ROAD  
ORLANDO, FL 32807 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 N. GOLDENROD ROAD  
ORLANDO, FL 32807 US

**New Mailing Address:**

FEI Number: 59-3139021      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COMAS, LAZARO  
8316 AMBER OAK DR  
ORLANDO, FL 32817 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: PDT ( ) Delete  
Name: COMAS, LAZARO,  
Address: 8316 AMBER OAK DR  
City-St-Zip: ORLANDO, FL 32817

Title: VDS ( ) Delete  
Name: COMAS, ILEANA,  
Address: 8316 AMBER OAK DR  
City-St-Zip: ORLANDO, FL 32817

**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: ILEANA COMAS

VDS

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date