I hereby 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 all other like empowered.

PRESIDENT

SIGNATURE: BRENDA WILLIAMS

Electronic Signature of Signing Officer/Director Detail

# 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000046491

Entity Name: EAGLE LAWN CARE OF NE FLORIDA INC

## **Current Principal Place of Business:**

11828 NEW KINGS ROAD # 109 JACKSONVILLE, FL 32219

#### **Current Mailing Address:**

PO BOX 1541 CALLAHAN, FL 32011 US

## FEI Number: 26-2575977

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

WILLIAMS, BOBBY L. 54001 PADDOCK COURT CALLAHAN, FL 32011 US

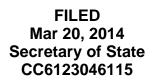
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

BOBBY L
DOCK COURT
FL 32011



Date

Certificate of Status Desired: No

03/20/2014

Date