

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	212533839				
1.) CORPORATION NAME: <b>LAWN RESCUE &amp; LAND CARE, INC.</b>		DUE DATE: <b>4/30/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>BRIAN M ELY 597 E MAIN ST ABINGDON, VA 24210</b>		SCC ID NO: <b>07368079</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>WASHINGTON COUNTY</b>		5.) STOCK INFORMATION <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">CLASS</td> <td style="padding: 2px;">AUTHORIZED</td> </tr> <tr> <td style="padding: 2px;">COMMON</td> <td style="padding: 2px;">100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED					
COMMON	100					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 597 E MAIN STREET  CITY/ST/ZIP: ABINGDON, VA 24210						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: WADE H ARNOLD TITLE: DIRECTOR ADDRESS: PO BOX 234 CITY/ST/ZIP/CO: EMORY, VA 24327	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: WADE H ARNOLD TITLE: PRESIDENT ADDRESS: PO BOX 234 CITY/ST/ZIP/CO: EMORY, VA 24327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ WADE H ARNOLD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WADE H ARNOLD, DIRECTOR PRINTED NAME AND CORPORATE TITLE	8/31/2012 DATE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						