


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90028 038 \*\*\*150.00

**DOCUMENT # P02000052577**

1. Entity Name  
PRIDE LAWN AND POOL MAINTENANCE, INC.



Principal Place of Business      Mailing Address

164 LARAMIE ROAD      164 LARAMIE ROAD  
PALM COAST, FL 32137      PALM COAST, FL 32137

**DO NOT WRITE IN THIS SPACE**

90000000



03072007      No Chg-P      CR2E034 (11/05)

4. FEI Number 02-0576039	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SANHUDO, FRANK  
164 LARAMIE DRIVE  
PALM COAST, FL 32137

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANHUDO, FRANK 164 LARAMIE DR PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVIN-SANHUDO, MARIA 164 LARAMIE DR PALM COAST, FL 32137
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IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_ **3-12-07** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #