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Sep 11, 2006 8:00 am
Secretary of State
08-11-2006 90003 001 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000090023

1. Entity Name
BROTHERS LAWN MAINTENANCE INC.

Principal Place of Business	Mailing Address
481 22ND AVE NE NAPLES, FL 34120	481 22ND AVE NE NAPLES, FL 34120

DO NOT WRITE IN THIS SPACE

07182006 No Chg-P CR2E034 (11/05)

4. FEI Number
73-1646243
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALVARADO, HERBERT A
1402 NEW MARKET ROAD UNIT D
IMMOKALEE, FL 34142

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: X _____ 8-7-2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALVARADO, HERBERT A
STREET ADDRESS	PO BOX 2526
CITY-ST-ZIP	IMMOKALEE, FL 34143
TITLE	ALVARADO, HERBERT A. PRESIDENT
NAME	
STREET ADDRESS	481 22ND AVE NE
CITY-ST-ZIP	NAPLES, FL. 34120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: X _____ 8-7-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #