## 2006 FOR PROFIT CORPORATION

## Mar 20, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P03000083903** 03-20-2006 90001 032 \*\*\*150.00 ACE LAWN SERVICE PLUS, INC. Principal Place of Business Mailing Address 12670 NEW BRITTANY BLVD, SUITE 101 8001 APACHE TRAIL SPRING HILL, FL 34606 FT, MYERS, FL 33907 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 34-1984479 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD, SUITE 101 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS, FL 33907 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Channe ☐ Addition DILE KIGGINS, PETER NAME NAME STREET ADDRESS STREET ADDRESS 8001 APACHE TRAIL SPRING HILL, FL 34606 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TtTLF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME

**FILED** 

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.

STREET ADDRESS CITY+ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

2-25-06 SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phorie i