# 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086796

Entity Name: GREEN ACRES LAWN CARE, INC.

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

4523 ALADDIN AVENUE NORTH PORT, FL 34287

## **Current Mailing Address:**

4523 ALADDIN AVENUE NORTH PORT, FL 34287 US

# FEI Number: 06-1595771

## Name and Address of Current Registered Agent:

VIA, AMY K 4523 ALADDIN AVENUE NORTH PORT, FL 34287 US FILED Jan 20, 2024 Secretary of State 4578605997CC

Certificate of Status Desired: No

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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			Date
ctor Detail :			
OFFICER	Title	DP	
VIA, AMY K	Name	VIA, JEFFERY	
4523 ALADDIN AVENUE	Address	4523 ALADDIN AVENUE	
NORTH PORT FL 34287	City-State-Zip:	NORTH PORT FL 34287	
OFFICER			
VIA, BENJAMIN			
4523 ALADDIN AVENUE			
NORTH PORT FL 34287			
	Ctor Detail : OFFICER VIA, AMY K 4523 ALADDIN AVENUE NORTH PORT FL 34287 OFFICER VIA, BENJAMIN 4523 ALADDIN AVENUE	Ctor Detail : Title   OFFICER Title   VIA, AMY K Name   4523 ALADDIN AVENUE Address   NORTH PORT FL 34287 City-State-Zip:   OFFICER VIA, BENJAMIN   4523 ALADDIN AVENUE Laboration of the state of th	Ctor Detail :OFFICERTitleDPVIA, AMY KNameVIA, JEFFERY4523 ALADDIN AVENUEAddress4523 ALADDIN AVENUENORTH PORT FL 34287City-State-Zip:NORTH PORT FL 34287OFFICERVIA, BENJAMIN4523 ALADDIN AVENUE4523 ALADDIN AVENUEVIA

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.

SIGNATURE: AMY K VIA

OFFICER

Electronic Signature of Signing Officer/Director Detail