

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000121729

**Entity Name:** SUNSET LAWN CARE OF ENGLEWOOD, INC.

**Current Principal Place of Business:**

10349 GREENWAY AVE.  
ENGLEWOOD, FL 34224

**Current Mailing Address:**

10349 GREENWAY AVE.  
ENGLEWOOD, FL 34224

**FEI Number:** 20-0396529

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURFEIND, HAROLD  
10349 GREENWAY AVE.  
ENGLEWOOD, FL 34224 US

*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

**Officer/Director Detail :**

Title            D  
Name            BURFEIND, HAROLD  
Address        10349 GREENWAY AVE.  
City-State-Zip: ENGLEWOOD FL 34224

*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:** HAROLD BURFEIND

**PRESIDENT**

**03/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date