

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000150509

**Entity Name:** DANIEL ZOECKLER LAWN CARE INC

**Current Principal Place of Business:**

892 VILLAGE DR.  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

892 VILLAGE DR.  
ORMOND BEACH, FL 32174

**FEI Number:** 20-0433445

**Certificate of Status Desired:** No

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

ZOECKLER, DANIEL Y  
892 VILLAGE DR  
ORMOND BEACH, FL 32174 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            PRES  
Name            ZOECKLER, DANIEL Y  
Address        892 VILLAGE DR.  
City-State-Zip: ORMOND BEACH FL 32174

Title            VP, TREASURER  
Name            ZOECKLER, KRISTA C  
Address        892 VILLAGE DR  
City-State-Zip: ORMOND BEACH FL 32174

Title            S  
Name            CLEARWATER, KARIE S  
Address        101 BENT TREE DR  
                  #85  
City-State-Zip: DAYTONA BEACH FL 32114

*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:** KARIE CLEARWATER

**SECRETARY**

**04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date