

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000095834

**Entity Name:** CHAVEZ'S LAWN SERVICES, INC.**Current Principal Place of Business:**4500 LASALLE AVE SOUTH  
SAINT CLOUD, FL 34772**Current Mailing Address:**P.O. BOX 700428  
ST CLOUD, FL 34770**FEI Number: 13-4283460****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CHAVEZ, MIGUEL  
2216 JULIANNA CT  
ST CLOUD, FL 34769 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           | PST                       | Title           | AUTHORIZED REPRESENTATIVE |
| Name            | CHAVEZ, MIGUEL            | Name            | MANSINGH, PRISCILLA       |
| Address         | P.O. BOX 700428           | Address         | P.O. BOX 700428           |
| City-State-Zip: | ST CLOUD FL 34770         | City-State-Zip: | ST CLOUD FL 34770         |
|                 |                           |                 |                           |
| Title           | AUTHORIZED REPRESENTATIVE | Title           | AUTHORIZED REPRESENTATIVE |
| Name            | CHAVEZ, ADRIAN            | Name            | MANSINGH, MARLENA         |
| Address         | P.O. BOX 700428           | Address         | P.O. BOX 700428           |
| City-State-Zip: | ST CLOUD FL 34770         | City-State-Zip: | ST CLOUD FL 34770         |

*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: PRISCILLA MANSINGH****AUTHORIZED  
REPRESENTATIVE****04/29/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date