

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000044952

**Entity Name:** KINGS LAWN CARE INC

**Current Principal Place of Business:**

750 S.ORANGE BLOSSOM TRAIL  
SUITE # 147  
ORLANDO, FL 32805

**Current Mailing Address:**

750 S.ORANGE BLOSSOM TRAIL  
SUITE # 147  
ORLANDO, FL 32805 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

KING, DONZAVIEN  
6147 SHADOW WOOD CT  
ORLANDO, FL 32808 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	CEO	Title	P
Name	KING, DONZAVIEN	Name	LEEKS, ALGERNON JR
Address	6147 SHADOW WOOD CT	Address	6147 SHADOW WOOD CT
City-State-Zip:	ORLANDO FL 32808	City-State-Zip:	ORLANDO FL 32808

*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:** DONZAVIEN KING

P

05/02/2018

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

\_\_\_\_\_  
Date