

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90020 017 ***158.75

DOCUMENT # 697408

1. Entity Name
VILLAGE LAWN CARE, INC.



Principal Place of Business
1916E 136TH AVE
PO BOX 82112
TAMPA, FL 33682

Mailing Address
1916E 136TH AVE
PO BOX 82112
TAMPA, FL 33682

24012034



02092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2127383

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMSIANO, WILLIAM P
1916 EAST 136TH AVENUE
TAMPA, FL 33613

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	PALMSIANO, WILLIAM P JR
STREET ADDRESS	1916 E. 136TH AVENUE
CITY-ST-ZIP	TAMPA, FL 00000,
TITLE	D
NAME	AUCOIN, ALBERT J JR
STREET ADDRESS	2130 VANDERVOORT ROAD
CITY-ST-ZIP	TAMPA, FL 00000,
TITLE	D
NAME	AUCOIN, STEVEN L.
STREET ADDRESS	903 WEST KNOLLWOOD ST.
CITY-ST-ZIP	TAMPA, FL 33604,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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, trustee, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William P. Palmsiano Jr 2/10/04 813 977 6914