


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90048 001 ***158.75

DOCUMENT # 697408	
1. Entity Name VILLAGE LAWN CARE, INC.	

Principal Place of Business 1916E 136TH AVE PO BOX 82112 TAMPA, FL 33682 63	Mailing Address 1916E 136TH AVE PO BOX 82112 TAMPA, FL 33682
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PO BOX 82112
TAMPA, FL 33682



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2127383	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PALMSIANO, WILLIAM P 1916E 136TH AVENUE TAMPA, FL 33613	P.O. Box 82112 TAMPA FLA 33682
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**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PALMSIANO, WILLIAM P JR 1916E 136TH AVENUE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUCOIN, STEVEN L. 903 WEST KNOLLWOOD ST. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY BETH SCHEPPER 4206 BURROWS RD ZEPHYRHILLS, FL 33542 Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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 or 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. Palmisano
William P. Palmisano

1/20/06 813 971 6404