## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**SIGNATURE** 

## **Secretary of State** 01-30-2006 90072 035 \*\*\*158.75 DOCUMENT #F82582 LOPEZ LAWN SERVICE AND MAINTENANCE, INC. Principal Place of Business Mailing Address 40007440 4420 JOG ROAD 4420 JOG ROAD LAKE WORTH, FL 33467-4151 LAKE WORTH, FL 33467-4151 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01182006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 59-2241472 Not Applicable Zio Country Country Zin. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ, EDWIN Street Address (P.O. Box Number is Not Acceptable) 4420 JOG ROAD. LAKE WORTH, FL 33467 City Zip Code FI 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when ranstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE VΡ □ Delete TITLE Change ☐ Addition LOPEZ, EDWIN NAME NAME STREET ADDRESS 4420 JOG ROAD STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL CITY-ST-ZIP TITLE PT Delete TITLE ☐ Change Addition LOPEZ, FRANCES E NAME STREET ADDRESS 4420 JOG ROAD STREET ADDRESS LAKE WORTH, FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GALES, WILLIAM JR NAME NAME STREET ADDRESS 4420 JOG ROAD STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 334674151 CITY-ST-712 TITLE ☐ Detete TITLE ☐ Change ■ Addition MARIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP hat the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statut es. I further certify that the information is the same legal effect at if made under oath; that I am an officer or director on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; at I d that my name appears in Block 10 or Block 11 if an analysis and attachment with an address, with all other like empowered. 12. I hereby certify of the corporation changed, or on a

2/06

Daytime Phone #

FILED Jan 30, 2006 8:00 am