

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # G50539

1. Entity Name
ATLANTIC COAST SPRINKLERS & LAWN CARE, INC.



Principal Place of Business
% ANTHONY J. CORCETTI
2821 SOUTHWEST 13TH COURT
DEERFIELD BEACH, FL 33442

Mailing Address
% ANTHONY J. CORCETTI
2821 SOUTHWEST 13TH COURT
DEERFIELD BEACH, FL 33442



01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2311280

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORCETTI, ANTHONY J.
2821 SOUTHWEST 13TH COURT
DEERFIELD BEACH, FL 33442

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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	DPT
NAME	CORCETTI, ANTHONY J
STREET ADDRESS	2821 S W 13TH COURT
CITY-ST-ZIP	DEERFIELD BCH, FL 00000,
TITLE	DVS
NAME	CORCETTI, LINDA A
STREET ADDRESS	2821 S W 13TH COURT
CITY-ST-ZIP	DEERFIELD BCH, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/01/06-80028-023 150.00

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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: *Linda Corcetti* LINDA CORCETTI

1/19/06 (954) 426-5069

Date Daytime Phone #