2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # J32941

1. Entity Name
AL'S LAWNMOWER SALES & SERVICE, INC.

Principal Place of Business	Mailing Address
C/O RICHARD MASSO 18131 S.W. 98 AVENUE ROAD PALMETTO BAY, FL 33157	C/O RICHARD MASSO 18131 S.W. 98 AVENUE ROAD PALMETTO BAY, FL 33157

01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2727926
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MASSO, RICHARD
18131 S.W. 98 AVENUE ROAD
PALMETTO BAY, FL 33157

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

pd 1-4-07 ck#26423

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	OST
NAME	MASSO, JOYCE
STREET ADDRESS	15501 S.W. 88 AVE.
CITY-ST-ZIP	PALMETTO BAY, FL 33157
TITLE	P
NAME	MASSO, RICHARD
STREET ADDRESS	18131 S.W. 98 AVE. RD.
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	MASSO, ALPHONSE
STREET ADDRESS	15501 SW 88 AVENUE
CITY-ST-ZIP	PALMETTO BAY, FL 33157
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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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: Joyce K. Masso Sec/Dmo 1-4-07 305-238-6332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone