

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # J63338

Entity Name
CUSTOM LAWN CREATIONS, INC.



Principal Place of Business
**709 97TH AVENUE
NAPLES, FL 34108**

Mailing Address
**709 97TH AVENUE
709 97TH AVE
NAPLES, FL 34108**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2840559

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKINZIE, BRADLEY N.
709 97TH AVE
NAPLES, FL 33963**

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IN THIS SPACE**

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**

**1100000396310
01/30/06 80028-011 150.00**

OFFICERS AND DIRECTORS

NAME	PD
ADDRESS	MCKINZIE, BRADLEY N
ST-ZIP	709 97TH AVE NAPLES, FL
NAME	SD
ADDRESS	MCKINZIE, VESTAL LEE
ST-ZIP	547 103RD AVENUE NORTH NAPLES, FL 34108
NAME	
ADDRESS	
ST-ZIP	
NAME	
ADDRESS	
ST-ZIP	
NAME	
ADDRESS	
ST-ZIP	

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IN THIS SPACE**

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: *Vestal Lee McKinzie, Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

**239-597-922
1/16/06**