2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90185 043 ***150.00

DOCUMENT # K09823

1. Entity Name
WEED WHACKERS LAWN CARE, INC.

Principal Place of Business	Mailing Address
416 NE OSCEOLA AVE OCALA FL 34470 US	P O BOX 830488 OCALA FL 34483-0488 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 2784	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: OCALA, FL	
Zip	Country	Zip: 34478	Country: US

4. FEI Number 59-2865009 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIRK, RUSSELL
416 NE OSCEOLA AVENUE
OCALA FL 34470

7. Name and Address of New Registered Agent

Name: Shaw Jr, John
Street Address (P.O. Box Number is Not Acceptable): 2321 NE 39th St
City: OCALA FL Zip Code: 34478

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☑ Delete	TITLE	D	☑ Change ☐ Addition
NAME	KIRK, RUSSELL		NAME	SHAW Jr, John	
STREET ADDRESS	416 NE OSCEOLA AVE		STREET ADDRESS	2321 NE 39th St	
CITY-ST-ZIP	OCALA FL 34470		CITY-ST-ZIP	OCALA, FL, 34479	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] (John Shaw Jr) 4/17/06 (352) 361-6844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #