

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # K18599

1. Entity Name

**CASEY'S LAWN SERVICE, LANDSCAPE & NURSERY,
INC.**



Principal Place of Business

**2300 SW 112TH AVE
DAVIE, FL 33325-4815**

Mailing Address

**2300 SW 112TH AVE
DAVIE, FL 33325-4815**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0451049

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

**CASEY, FRANCIS R.
2300 SW 112TH AVE
DAVIE, FL 33325-4815**

**DO NOT WRITE
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 terminating)

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	DP
NAME	CASEY, FRANCIS R.
STREET ADDRESS	2300 SW 112TH AVE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	DS
NAME	CASEY, FRANK R.
STREET ADDRESS	2300 SW 112TH AVE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	D
NAME	CASEY, SHIRLEY
STREET ADDRESS	2300 SW 112TH AVE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	VP
NAME	CASEY, CHRISTOPHER
STREET ADDRESS	2300 SW 112TH AVE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	T
NAME	CASEY, SHERRY
STREET ADDRESS	2300 SW 112TH AVE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000473145
03/21/06-00005-004 150.00

**DO NOT WRITE
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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherry Casey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

Date

Daytime Phone #