

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L27607	
1. Entity Name SKIP'S LAWN SERVICE, INC.	

Principal Place of Business 742 MUNICH ST., N.W. PALM BAY, FL 32907	Mailing Address 742 MUNICH ST., N.W. PALM BAY, FL 32907
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03302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2995536	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent AUMOND, EDWIN H. 742 MUNICH ST., N.W. PALM BAY, FL 32907
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**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. (If not, Registered Agent signature required when re-registering.) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUMOND, EDWIN H. 742 MUNICH ST., N.W. PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AUMOND, LINDA 742 MUNICH ST., N.W. PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCAROLA, BRAD 782 NORSE ST NW PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/06-80025-017 150.00

**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 110, 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 this 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: Edwin Aumond **Edwin Aumond** **3-30-06** **321-676-2938**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #