

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L72361

1. Entity Name
C & S LAWN MAINTENANCE AND LANDSCAPING, INC.



Principal Place of Business
**6611 MOORE STREET
ORLANDO, FL 32818**

Mailing Address
**6611 MOORE STREET
ORLANDO, FL 32818**

FILED

2005 SEP 20 PM 12:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



09112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3055758

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUBINO, NICHOLAS J.
159 LOOKOUT PL.
STE 101
MAITLAND, FL 32751**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SHARP, ROBERT
6611 MOORE ST.
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
BURRIS, BRENDA
6611 MOORE STREET
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SHARP, COLLEEN
6611 MOORE ST.
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BURRIS, MICHAEL
6611 MOORE STREET
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**200059774242
09/20/05--01020--016 **550.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Brenda K. Burris **Brenda K. Burris**

9-11-05

407-298-2823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #