

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



04152007 No Chg-P CR2E034 (11/05)

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 \$150.00
After May 1, 2007 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	SHARP, ROBERT
STREET ADDRESS	6611 MOORE ST.
CITY-ST-ZIP	ORLANDO, FL
TITLE	DST
NAME	BURRIS, BRENDA
STREET ADDRESS	6611 MOORE STREET
CITY-ST-ZIP	ORLANDO, FL
TITLE	V
NAME	SHARP, COLLEEN
STREET ADDRESS	6611 MOORE ST.
CITY-ST-ZIP	ORLANDO, FL
TITLE	V
NAME	BURRIS, MICHAEL
STREET ADDRESS	6611 MOORE STREET
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/23/07-80008-008 150.00

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 11 if changed, or on an attachment with an address, with all other like empowered.

Brenda K. Burris

SIGNATURE: *Brenda K. Burris* *Secretary/Treasurer* *4-16-07* *407-298-2823*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #