

04/30/2007 11:59 2394037705

RANDY ROSE CP

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90009 018 ***150.00

DOCUMENT # L87027 1. Entity Name ELLIS LAWN INC.	
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Principal Place of Business 6080-14TH AVENUE SW NAPLES, FL 33999	Mailing Address 6080-14TH AVENUE SW NAPLES, FL 33999
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40113933



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0218483	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent ELLIS, MARY 6080 14TH AVE SW NAPLES, FL 34116

**DO NOT WRITE
IN THIS SPACE**

9. 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 _____ (NOTE: Registered Agent signature required when releasing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

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	P ELLIS, MARY 6080-14TH AVENUE SW NAPLES, FL 33999
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ELLIS, MARY 6080-14TH AVENUE SW NAPLES, FL 33999
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ELLIS, SHERMAN 6080-14TH AVENUE SW NAPLES, FL 33999
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ELLIS, SHERMAN 6080-14TH AVENUE SW NAPLES, FL 33999
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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

SIGNATURE: _____

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #