

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90249 041 ***150.00

DOCUMENT # P00000000091

1. Entity Name

CONSTANT LAWN CARE & LANDSCAPING, INC.



Principal Place of Business

2460 WOODLAND CIR.
FT. MYERS FL 33907

Mailing Address

2460 WOODLAND CIR.
FT. MYERS FL 33907

2. Principal Place of Business

1426 Arthur Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 61282

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Fort Myers, FL

4. FEI Number

65-0971613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONSTANT, JOHN
2460 WOODLAND CIR.
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1426 Arthur Ave

City

Fort Myers

FL

Zip Code

33901

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, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	CONSTANT, JOHN	
STREET ADDRESS	2460 WOODLAND CIR.	
CITY-ST-ZIP	FT. MYERS FL 33907	

TITLE	VS	<input type="checkbox"/> Delete
NAME	CONSTANT, ALISSA	
STREET ADDRESS	2460 WOODLAND CIR.	
CITY-ST-ZIP	FT. MYERS FL 33907	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANT, JOHN	
STREET ADDRESS	1426 ARTHUR AVE	
CITY-ST-ZIP	FORT MYERS, FL 33901	

TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANT, ALISSA	
STREET ADDRESS	1426 ARTHUR AVE	
CITY-ST-ZIP	FORT MYERS, FL 33901	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALISSA B. CONSTANT

Date

4/20/04 (239) 275-1885

Daytime Phone #