2006 NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000001483

1. Entity Name
BICTOE LAWNCARE, INC.

Principal Place of Business	Mailing Address
302 LENA FRANK DRIVE	302 LENA FRANK DRIVE
IMMOKALEE, FL 34142	IMMOKALEE, FL 34142

DO NOT WRITE IN THIS SPACE

03172006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0975696	Not Applicable

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

6. Name and Address of Current Registered Agent

FRANK, VICTOR
302 LENA FRANK DRIVE
IMMOKALEE, FL 34142

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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, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	DPST
NAME	FRANK, VICTOR
STREET ADDRESS	302 LENA FRANK DRIVE
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/06-80026-004 150.00

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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.

SIGNATURE: _____   4-3-06   239-657-3644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #