## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 27, 2006 8:00 am Secretary of State DOCUMENT # P00000008011 02-27-2006 90070 040 \*\*\*150.00 O'CONNELL LAWN SERVICE, INC. Principal Place of Business Mailing Address 2200 N. PONCE DE LEON BOULEVARD 2200 N. PONCE DE LEON BOULEVARD SUITE 10 SUITE 10 ST. AUGUSTINE, FL. 32084 ST. AUGUSTINE, FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3617424 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'CONNELL, W. HENRY Street Address (P.O. Box Number is Not Acceptable) 2200 N. PONCE DE LEON BOULEVARD SUITE 10 ST. AUGUSTINE, FL 32084 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. O'Connell, Patrick W Change Addition ☐ Delete TITLE TITLE OCONELL, PATRICK W NAME NAME 1092 ALCALA DR. STREET ADDRESS STREET ADDRESS 1135 ALCALA DR St Augustine CITY-ST-ZIP SAINT AUGUSTINE, FL 32086 CITY-ST-ZIP TITLE **VPS** ☐ Delete TITLE O'CONNELL, JOAN C NAME NAME STREET ADDRESS 1135 ALCALA DR STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE, FL 32086 CITY-ST-ZIP ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -

12. I hereby certify that the information supplied with this filling 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** 

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

7702

FILED