## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 06, 2006 08:00 AM Secretary of State DOCUMENT # P00000012868 1. Entity Name AFFORDABLE LAWN CARE SERVICES, INC. Principal Place of Business Mailing Address 860 TEXAS ST ENGLEWOOD FL 34227 860 TEXAS ST ENGLEWOOD FL 34227 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0998061 Not Applical Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOLTIS, PETER 860 TEXAS ST Street Address (P.O. Box Number is Not Acceptable) **ENGLEWOOD FL 34224** Zip Code 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 accerthe obligations of registered agent. SIGNATURE Signature Typed or printed harms of registered agent and two it applicable INDIE Registered Agent signature required when revestating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May F After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. RUF PSTD Detete HEE ☐ Change ☐ ≛ ······ NAME SOLTIS, PETER NAME STREET ADORESS 860 TEXAS ST STREET ADDRESS H000nn458332 CHY-SI-ZIP ENGLEWOOD FL 34223 CITY-ST-ZIP /17/06-80040-0<u>16 1</u>5/1.00 THE Defete $\pi \pi \epsilon$ ☐ Addie ☐ Change NAME STREET ADDRESS STREET ADDRESS C/39 - ST - 7/2 CITY-ST-ZIP □ Detate INTE HILE ☐ Change D MAN NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITI F Defete TITLE ☐ Change T Address NAME NAME STREET ADDRESS STREET ADDRESS City-ST-Zip CITY-ST-ZIP ☐ Delete meChange NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE Delete TITLE ☐ Change ☐ Adir~ NAME NAME STHEET ADDRESS STREET ADDRESS EHY-SI-28 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with amendices, withful other like empowered.

**FILED** 

2/2/06