

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 22, 2008 8:00 am**  
**Secretary of State**

07-22-2008 90006 010 \*\*\*150.00

**DOCUMENT # P00000024208**

1. Entity Name  
**FOUR SEASONS LAWN & GARDEN, INC.**



Principal Place of Business  
**3030 SHADY ACRES ROAD  
DOVER, FL 33527**

Mailing Address  
**3030 SHADY ACRES ROAD  
DOVER, FL 33527**

**60045291**



04092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0997161**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FIGUEROA, FREDDIE  
3030 SHADY ACRES ROAD  
DOVER, FL 33527**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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  
**D  
FIGUEROA, FREDDIE  
3030 SHADY ACRES ROAD  
DOVER, FL 33527**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
FIGUEROA, TAMI J  
3030 SHADY ACRES ROAD  
DOVER, FL 33527**

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

**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 empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/15/08**

Date

Daytime Phone # \_\_\_\_\_

3030 Shady Acres Road  
Dover, FL 33527



60045291  
# P00000024208

**Freddie Figueroa**  
(813) 657-3663  
Cell (813) 230-9205

**Professional Landscape Maintenance & Installation**

Attn: Florida Department of State

From: Four Seasons Lawn & Garden, Inc.

I am submitting our renewal fee of \$150.00 with the Annual Report which I received from my accountant on or around July 1<sup>st</sup>. Please excuse the late charge due to these circumstances. In the future, if allowable, we will file on our own so as not to be so late. Any questions, please feel free to contact us at 813-657-3663. Thank you.

Freddie & Tami Figueroa, Owners