

# FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # **P000000 42533**

1. Entity Name

**Lawns & Property Management INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2425 NW 206 St.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 55-2296**

Suite, Apt. #, etc.

**Canal City FL**

City & State

**Miami, FL**

City & State

**Canal City FL**

Zip

**33055**

Country

Zip

**33055**

Country

4. FEI Number

**65-1086852**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Elliot Hepburn**

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

**1155 NE 137th St**

**Apt 118**

City

**Miami**

FL

Zip Code

**33161**

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

**Elliot Hepburn**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**08/14/07**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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  
NAME

**ELLiot HEPburn**  
**2425 NW 206 St**  
**Miami, FL 33055**

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

**MARCUS HEPburn**  
**2425 NW 206 St**  
**Miami, FL 33055**

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

**SHAWNESE HEPburn**  
**2425 NW 206 St**  
**Miami, FL 33055**

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Elliot Hepburn Marcus Hepburn Shawnese Hepburn**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/14/07**

**786 262-4107  
786 443-9700**

Date

Daytime Phone #

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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