

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90146 019 \*\*\*150.00

**DOCUMENT # P00000059820**

1. Entity Name  
**PIERRE'S LAWN SERVICE, INC.**



Principal Place of Business Mailing Address  
**9682 136TH STREET NORTH 9682 136TH STREET NORTH**  
**SEMINOLE, FL 33776 SEMINOLE, FL 33776**

**50020582**

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

05152006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3653158 Applied For Not Applicable

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

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

**SWOPE, SCOTT P ESQ**  
**1245 COURT STREET SUITE 102**  
**CLEARWATER, FL**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 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 \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	ST. PIERRE, KENNETH JR	
STREET ADDRESS	1373 21ST STREET SW	
CITY-ST-ZIP	LARGO, FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST. PIERRE, KENNETH SR	
STREET ADDRESS	9682 136TH STREET NORTH	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST. PIERRE, THELMA SR	
STREET ADDRESS	9682 136TH STREET NORTH	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Randolph B. St. Pierre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 727-595-1761  
Date Daytime Phone #