

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000061993**  
 1. Entity Name  
 CENTRAL FLORIDA LAWN AND PEST MANAGEMENT, INC.



Principal Place of Business 3435 PACKARD AVE ST. CLOUD, FL 34772 US	Mailing Address 3435 PACKARD AVE ST. CLOUD, FL 34772 US
---	---

**DO NOT WRITE IN THIS SPACE**



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3658400	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CUBERO, LISA R  
 3435 PACKARD AVE  
 ST. CLOUD, FL 34772

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

1100000426468  
 02/20/06 80044 010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CUBERO, NELSON JR 3435 PACKARD AVE SAINT CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CUBERO, LISA RENEE 3435 PACKARD AVE SAINT CLOUD, FL 34772
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: *Lisa Renee Cubero* *Lisa Renee Cubero VP* 1-6-06 407-957-3442  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #