


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.	
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Principal Place of Business 3435 PACKARD AVE ST. CLOUD, FL 34772 US	Mailing Address 3435 PACKARD AVE ST. CLOUD, FL 34772 US
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01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3658400	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 88044 018 150.00

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
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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 1-6-06 407-957-3412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #