

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90030 044 ***150.00

DOCUMENT # P00000076578

1. Entity Name

CENTRAL FLORIDA LAWN, INC.



Principal Place of Business

6088 BARNES ROAD
BARTOW FL 33830

Mailing Address

6088 BARNES RD
BARTOW FL 33830



2. Principal Place of Business - No P.O. Box #

6088 Barnes Rd.

Suite, Apt. #, etc.

3. Mailing Address

6088 Barnes Rd.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Bartow, Florida

Zip
33830

Country

USA

City & State

Bartow, Florida

Zip

33830

Country

USA

4. FEI Number

59-3726635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HURST, JAMIE
6088 BARNES ROAD
BARTOW FL 33830

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 this filing.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

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	TDS	<input type="checkbox"/> Delete
NAME	HARRISON, DEBRA K	
STREET ADDRESS	6088 BARNES RD	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	P	<input type="checkbox"/> Delete
NAME	HURST, JAMIE A	
STREET ADDRESS	6088 BARNES ROAD	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HURST, LEE	
STREET ADDRESS	6088 BARNES RD	
CITY-ST-ZIP	BARTOW FL 33830	
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		
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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 Section 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

Date

Debra K. Harrison

4/3/08 863-287-4508