

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000116777					
1. Entity Name BLADEMASTER LAWN CARE OF PINELLAS COUNTY, INC.					
Principal Place of Business 2131 RIDGE ROAD LARGO FL 33778		Mailing Address 2131 RIDGE ROAD LARGO FL 33778			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3695181				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REPINSKI, R. SCOTT CPA 406 MAXWELL PLACE INDIAN ROCKS BEACH FL 33785			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BURMOOD, DEAN 2131 RIDGE RD, SUITE E-27 LARGO FL 33778	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000430734 02/22/06-80060-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURMOOD, CAROL 2131 RIDGE RD. #E27 LARGO FL 33778	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
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: <u>Dean Burmood</u> <u>Dean Burmood</u> <u>2-8-06</u> <u>727-584-37</u>					