

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000041170

1. Entity Name
DENNY'S LAWN CARE INC



Principal Place of Business
**PO BOX 587
EDGEWATER, FL 32132**

Mailing Address
**PO BOX 587
EDGEWATER, FL 32132**



03132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3715040

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARR, DENNIS E
510 RIVERSIDE DR
EDGEWATER, FL 32132**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	BARR, DENNIS E
STREET ADDRESS	510 RIVERSIDE DR
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	V
NAME	BARR, DANIEL
STREET ADDRESS	510 RIVERSIDE DR
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/19/05-80022-012 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Dennis Barr
Dennis Barr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-05 386 409 9991

Date

Daytime Phone #