

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90101 002 ***150.00

DOCUMENT # P01000052066

1. Entity Name
S & S LAWN SERVICE INC.



Principal Place of Business
**7678 GROVES RD.
NAPLES, FL 34109**

Mailing Address
**7678 GROVES RD.
NAPLES, FL 34109**

50050314



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3720743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ROLLER, PETRA~~
~~C/O COAST-TO-COAST REALTY~~
~~267 N. COLLIER BLVD, SUITE 204~~
~~MARCO ISLAND, FL 34145~~
CRAIG Couture
1112 1/2 N. COLLIER BLVD.
MARCO ISLAND, FL
34145

**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 CRAIG J. Couture 4/29/05
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 NAME STREET ADDRESS CITY - ST - ZIP	D HERRIDGE, ADAM G 7678 GROVES RD. NAPLES, FL 34109
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HERRIDGE, GLENDA 7678 GROVES RD. NAPLES, FL 34109
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HERRIDGE, ADAM 7678 GROVES RD. NAPLES, FL 34109
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HERRIDGE, GLENDA 7678 GROVES RD. NAPLES, FL 34109
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.29.05