


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2006 8:00 am**  
**Secretary of State**

07-06-2006 90003 032 \*\*\*550.00

<b>DOCUMENT # P01000063848</b>					
<b>1. Entity Name</b> PREMIER LAWN CARE & TOTAL MAINTENANCE OF VENICE INC.					
<b>Principal Place of Business</b> 8277 ALAM AVENUE NORTH PORT, FL 34286			<b>Mailing Address</b> 8277 ALAM AVENUE NORTH PORT, FL 34286		
<b>2. Principal Place of Business</b> 2107 ALTITUDE AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2107 ALTITUDE AVE Suite, Apt. #, etc.		50021619	
<b>City &amp; State</b> NORTH PORT, FL		<b>City &amp; State</b> NORTH PORT, FL		<b>4. FEI Number</b> 59-3759463	
<b>Zip</b> 34286		<b>Country</b> SARASOTA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MARCELJA, VINCENT 8277 ALAM AVENUE NORTH PORT, FL 34286			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b> SIGNATURE: <u>Vincent Marcelja, VINCENT MARCELJA</u> <span style="float: right;">3 July 2006</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD MARCELJA, VINCENT 8277 ALAM AVENUE NORTH PORT, FL 34286		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD MARCELJA, VINCENT 2107 ALTITUDE AVE NORTH PORT, FL 34286	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD MARCELJA, GRACIE 8277 ALAM AVENUE NORTH PORT, FL 34286		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD MARCELJA, GRACIE 2107 ALTITUDE AVE NORTH PORT, FL 34286	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Vincent Marcelja, VINCENT MARCELJA</u> <span style="float: right;">3 Jul 06 944-426-4471</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					