

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000081750

1. Entity Name
THE GROUNDSKEEPER OF VERO, INC.



08 NOV 21 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6001 NORTH A1A, P.M.B. 8152
VERO BEACH, FL 32963

Mailing Address
6001 NORTH A1A, P.M.B. 8152
VERO BEACH, FL 32963

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number

84-0551144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LALIME, JOHN L
80 ROYAL PALM POINTE
VERO BEACH, FL 32960-4227

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LALIME, JOHN L
STREET ADDRESS PO BOX 8152
CITY-ST-ZIP VERO BEACH, FL 329638152

TITLE ☐ Change ☐ Addition
NAME **000138167150**
STREET ADDRESS **11/21/08--01022--010**
CITY-ST-ZIP ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 11/17/08

Date

Daytime Phone #