

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000006197

1. Entity Name
A-Z LAWN CARE SERVICES, CORP.



Principal Place of Business
**461 FLORIDA AVE.
WINTER GARDEN, FL 34787**

Mailing Address
**461 FLORIDA AVE.
WINTER GARDEN, FL 34787**



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number
80-0029905

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TORRES, GONZALO
461 FLORIDA AVE.
WINTER GARDEN, FL 34787**

**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.

**000000468324
03/24/06-80027-008 150.00**

SIGNATURE

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **TORRES, GONZALO**
STREET ADDRESS **461 FLORIDA AVE**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **S**
NAME **TORRES, GONZALO**
STREET ADDRESS **461 FLORIDA AVE**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Gonzalo Torres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/06 407-948 4654
Date Daytime Phone #