

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 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



03132007

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.

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000690072

04/11/07-80059-023-150.00

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

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07

Date

Daytime Phone #