


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000028756**

1. Entity Name  
COMPEAN LAWN CARE, INC.



|   |   |
|---|---|
| Principal Place of Business<br>2725 BARRETT AVE<br>NAPLES, FL 34112 | Mailing Address<br>2725 BARRETT AVE<br>NAPLES, FL 34112 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-P CR2E034 (10/03)

|                                  |  |
|----------------------------------|--|
| 4. FEI Number<br>01-0621314      | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

COMPEAN, ALFONSO  
2675 BARRETT AVE  
NAPLES, FL 34112

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DPT<br>COMPEAN, ALFONSO<br>2675 BARRETT AVE<br>NAPLES, FL 34112    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DVS<br>COMPEAN, VERONICA A<br>2675 BARRETT AVE<br>NAPLES, FL 34112 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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05/02/05-80142-024 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Alfonso Compean 429-05

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #