


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000028756 1. Entity Name COMPEAN LAWN CARE, INC.	
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Principal Place of Business 2725 BARRETT AVE NAPLES, FL 34112	Mailing Address 2725 BARRETT AVE NAPLES, FL 34112
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DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0621314	Applied For 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	DO NOT WRITE IN THIS SPACE
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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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT COMPEAN, ALFONSO 2675 BARRETT AVE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS COMPEAN, VERONICA A 2675 BARRETT AVE NAPLES, FL 34112
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05/06/06-80145-025 158.75

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: *Alfonso Compean* 421-010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #