## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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ANNUAL REPORT (AR)

DOCUMENT # P02000056377 FILED 1. Entity Name SECRETARY OF STATE DIVISION OF CORPORATIONS WINDHAM'S GRASSHOPPER LAWN SERVICES, INC. 06 NOV 14 AM 10: 25 Principal Place of Business Mailing Address PO BOX 621045 OVIEDO FL 32762 3756 CHRISTMAS PALM PLACE OVIEDO FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 43-1962696 Not Applicable Zin \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WINDHAM, RYAN 5686 ELMHURST CIRCLE #214 s (P.O. Box Number is Not Acceptable) OVIEDO FL 32765 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. of registered agent and title if applicable (NOTE: Registered Agent s DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies, it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00.  $\square$ OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Change TITLE Addition WINDHAM, RYAN NAME NAME 5686 ELMHURST CIRCLE #214 STREET ADDRESS STREET ADDRESS OVIEDO FL 32765 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ✓ Change ☐ Addition WINDHAM, TONYA M NAME 5686 ELMHURST CIRCLE #214 STREET ADDRESS STREET ADDRESS OVIEDO FL 32765 CITY-ST-ZIP CITY - ST - ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 400081126384 10/23/06--01068--011 \*\*15 STREET ADORESS STREET ADDRESS \*\*150.00 CITY - ST - ZIP CITY-ST-7/P TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 78P ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIF ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 712 CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an address

MANUSCHART TONE OF STRING OFFICER OR DIRECTOR

with all ower like empowered.

10/17/06

4013595876

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P.O. Box 621045 Oviedo, Fl. 32762-1045



Office 407-359-5876 Fax 407-359-6134

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November 7, 2006

Enclosed is the form I originally sent to your department. Along with the letter from you stating we need to pay an additional \$600.00. I checked the box stating we did not receive the original notice. I corrected the items that needed to be corrected, is there anything else that I need to do to have the fee waived? If you have any questions or concerns please feel free to contact our office at 407-359-5876.

Sincerely,

Xonya Windham Vice President 407-359-5876

**WE'LL HOP ON IT!**