

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000063588**

1. Entity Name  
**GOTCHAGOOD LAWN GREETINGS, INC.**



Principal Place of Business  
**18100 MORNING STAR LN.  
CAPE CORAL, FL 33993**

Mailing Address  
**18100 MORNING STAR LN.  
CAPE CORAL, FL 33993**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**03-0457165**

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**

**SYLVIA, JUDITH A  
18100 MORNING STAR LANE  
CAPE CORAL, FL 33993**

**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 \_\_\_\_\_ (NOTE, Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	P SYLVIA, MARK W 18100 MORNING STAR LN CAPE CORAL, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV SYLVIA, JUDITH A 18100 MORNING STAR LN. CAPE CORAL, FL 33993
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03/11/05-80007-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

*Judith Sylvia* **JUDITH A. SYLVIA STV** 3/8/05 239-980-0236