

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000074122

1. Entity Name
GREEN MOUNTAIN LAWN SERVICE INC.



Principal Place of Business

**17 LBJ SR. DR.
FT. WALTON BEACH, FL 32547**

Mailing Address

**17 LBJ SR. DR.
FT. WALTON BEACH, FL 32547**



02122006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0733599

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

**CLAY, THOMAS S
17 LBJ SR. DR.
FT. WALTON BEACH, FL 32547**

**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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CLAY, THOMAS S
STREET ADDRESS 17 LBJ SR. DR.
CITY-ST-ZIP FT. WALTON BEACH, FL 32547

TITLE VD
NAME CLAY, TODD S
STREET ADDRESS 17 LBJ SR. DR.
CITY-ST-ZIP FT. WALTON BEACH, FL 32547

TITLE STD
NAME CLAY, HOWARD S
STREET ADDRESS 17 LBJ SR. DR.
CITY-ST-ZIP FT. WALTON BEACH, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000451828
03/11/06-80002-012 150.00

**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

2/27/06

Date

850-428-1735

Daytime Phone #