

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90312 013 ***150.00

DOCUMENT # P02000078489

1. Entity Name

ED'S LAWN MAINTENANCE, INC.



Principal Place of Business

883 PARK AVENUE
ORANGE CITY, FL 32763-8867 US

883 Park Ave.

Mailing Address

P.O. BOX 741024
ORANGE CITY, FL 32774-1024 US

0004376



DO NOT WRITE IN THIS SPACE

03232006 No Chg-P CR2E034 (11/05)

4. FEI Number

81-0564653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIFERIE, ROBERT L
301 N PINE MEADOW DR SUITE A
DEBARY, FL 32713-2304

**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 reinstating)

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	PT
NAME	MOWREY, EDWARD L
STREET ADDRESS	883 PARK AVE. 883
CITY-ST-ZIP	ORANGE CITY, FL 327638867
TITLE	VS
NAME	MOWREY, NANCY A
STREET ADDRESS	883 PARK AVE. 883
CITY-ST-ZIP	ORANGE CITY, FL 327638867
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Ed Mowrey ED Mowrey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-06 386-804-9508

Date

Daytime Phone #