

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90022 016 ***150.00

DOCUMENT # P02000086677

1. Entity Name
LAWNSCAPE OF CENTRAL FLORIDA, INC.



Principal Place of Business

PO BOX 792
SPARR, FL 32192

Mailing Address

PO BOX 792
SPARR, FL 32192

50004361



2. Principal Place of Business

5675 NW 219th St. Rd.
Suite, Apt. #, etc.

3. Mailing Address

5675 NW 219th St. Rd.
Suite, Apt. #, etc.

03032006

Chg-P

CR2E034 (11/05)

City & State

Micanopy, FL
Zip Country

City & State

Micanopy, FL
Zip Country

4. FEI Number

16-1621894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HACKNEY, SHERMAN
5675 NW 219TH ST RD
MICANOPY, FL 32667

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 D ☐ Delete
NAME HACKNEY, SHERMAN
STREET ADDRESS PO BOX 411
CITY-ST-ZIP MCINTOSH, FL 32664

TITLE S ☒ Delete
NAME GILL, SHANE
STREET ADDRESS 13612 SE 51ST TER
CITY-ST-ZIP SUMMERFIELD, FL 34491

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Sheeman Hackney
STREET ADDRESS 5675 NW 219th St. Rd.
CITY-ST-ZIP Micanopy, Fla. 32667

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3-20-06

Date

352-262-4644

Daytime Phone #