

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90309 009 ***150.00

DOCUMENT # P02000087740 1. Entity Name KEVIN'S TOP NOTCH LAWN, INC.			
Principal Place of Business 5826 ROCKHAMMER CT JACKSONVILLE, FL 32234		Mailing Address 5826 ROCKHAMMER CT JACKSONVILLE, FL 32234	
2. Principal Place of Business 1517 Brittany Ct Suite, Apt. #, etc.		3. Mailing Address 1517 Brittany Ct Suite, Apt. #, etc.	
City & State Jacksonville FL Zip Country 32221		City & State Jacksonville FL Zip Country 32221	
4. FEI Number 30-0100965		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THIGPEN, KEVIN L 5826 ROCKHAMMER CT JACKSONVILLE, FL 32234		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1517 Brittany Court Jacksonville FL City FL Zip Code 32221	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THIGPEN, KEVIN L 5826 ROCKHAMMER CT JACKSONVILLE, FL 32234	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1517 Brittany Court Jacksonville FL 32221	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date: 4/11/06 (904) 982-3540	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	