

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90302 019 ***150.00

DOCUMENT # P02000091150

1. Entity Name
MARIVEL DIMAS LAWN SERVICE, INC.




Principal Place of Business Mailing Address
719 PLUMOSA AVE **719 PLUMOSA AVE**
LEHIGH ACRES, FL 33936 **LEHIGH ACRES, FL 33936**

2. Principal Place of Business 3. Mailing Address
708 PROSPECT AVE *708 PROSPECT AVE*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LEHIGH ACRES, FL *LEHIGH ACRES FL*

Zip Country Zip Country
33936 *FL* *33936* *FL*



02042005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
06-164391 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

DIMAS, MARIVEL
719 PLUMOSA AVE
LEHIGH ACRES, FL 33936

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]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMAS, MARIVEL 719 PLUMOSA AVE LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: *Marivel Dimas* Date: *2-26-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #