

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000092380

1. Entity Name
D'BEST LAWN CARE, INC.



Principal Place of Business

5048 ALAVISTA DRIVE
ORLANDO, FL 32837

Mailing Address

5048 ALAVISTA DRIVE
ORLANDO, FL 32837



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0794672

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, EFRAIN
5048 ALAVISTA DRIVE
ORLANDO, FL 32837

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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, 2005 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 HERNANDEZ, EFRAIN
STREET ADDRESS 5048 ALAVISTA DRIVE
CITY-ST-ZIP ORLANDO, FL 32837

TITLE VPD
NAME SANTIAGO, LUIS R
STREET ADDRESS 5048 ALAVISTA DRIVE
CITY-ST-ZIP ORLANDO, FL 32837

TITLE TD
NAME HERNANDEZ, AIMEE
STREET ADDRESS 5048 ALAVISTA DRIVE
CITY-ST-ZIP ORLANDO, FL 32837

TITLE SD
NAME GONZALEZ, MARIA
STREET ADDRESS 5048 ALAVISTA DRIVE
CITY-ST-ZIP ORLANDO, FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #