


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000096791 1. Entity Name SCOTTY KAY'S LAWN UNLIMITED, INC.	
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Principal Place of Business 13251 71ST PLACE NORTH ROYAL PALM BCH, FL 33412	Mailing Address 13251 71ST PLACE NORTH ROYAL PALM BCH, FL 33412
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04142006 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3869543	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KAY, CANDIS 13251 71ST PLACE NORTH ROYAL PALM BCH, FL 33412
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**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: Candis Kay 4-27-06
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 NAME STREET ADDRESS CITY - ST - ZIP	PTD KAY, SCOTTY 13251 71ST PLACE NORTH ROYAL PALM BCH, FL 33412
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS KAY, CANDIS 13251 71ST PLACE NORTH ROYAL PALM BCH, FL 33412
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05/15/06-80086-004 150.00

**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: Candis Kay 4-27-06 561-602-7073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #