

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099554

FILED
Jul 06, 2005
Secretary of State

Entity Name: B & A COMPLETE LAWN CARE SERVICE, INC.

Current Principal Place of Business:

4600 DIXIE HIGHWAY, UNIT 8
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

4600 DIXIE HIGHWAY, UNIT 8
PALM BAY, FL 32905 US

New Mailing Address:

FEI Number: 52-2373788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFAROFUENTES, MARVIN
4600 DIXIE HIGHWAY UNIT 8
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALFAROFUENTES, MARVIN
Address: 4600 DIXIE HIGHWAY, UNIT 8
City-St-Zip: PALM BAY, FL 32905 US

Title: D () Delete
Name: ALFAROFUENTES, MARVIN
Address: 4600 DIXIE HWY UNIT 8
City-St-Zip: PALM PAY, FL 32905

Title: D () Delete
Name: ALFAROFUENTES, MARVIN
Address: 4600 DIXIE HWY UNIT 8
City-St-Zip: PALM BAY, FL 32905 US

Title: D () Delete
Name: ALFAROFUENTES, MARVIN
Address: 4600 DIXIE HWY UNIT 8
City-St-Zip: PALM BAY, FL 32905 US

Title: D () Delete
Name: ALFAROFUENTES, MARVIN
Address: 4600 DIXIE HWY UNIT 8
City-St-Zip: PALM BAY, FL 32905 US

Title: D () Delete
Name: ALFAROFUENTES, MARVIN
Address: 4600 DIXIE HWY UNIT 8
City-St-Zip: PALM BAY, FL 32905 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN ALFAROFUENTES

D

07/06/2005

Electronic Signature of Signing Officer or Director

Date