

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000113047

1. Entity Name  
DANNY'S HOME REPAIRS & LAWN SERVICE, INC.



Principal Place of Business  
6716 ANOKA DRIVE  
ORLANDO, FL 32818

Mailing Address  
2428 S. MAPLE AVE  
SANFORD, FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**6. Name and Address of Current Registered Agent**

DEVORE, ROSE  
2428 SOUTH MAPLE AVENUE  
SANFORD, FL 32771

**7. Name and Address of New Registered Agent**

Name **DEVORE, ROSA**

Street Address (P.O. Box Number is Not Acceptable)

**2428 SOUTH MAPLE AVENUE**

City **SANFORD**

FL **32771**

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

*Debra DeVore*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

*3/10/06*

**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 **PT**  
NAME **PHILLIPS, DANIEL**  
STREET ADDRESS **6716 ANOKA DRIVE**  
CITY-ST-ZIP **ORLANDO, FL 32818**

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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: *Daniel Phillips*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/06*  
Date

*407-292-2542*  
Daytime Phone #

**FILED  
May 10, 2006 8:00 am  
Secretary of State**

05-10-2006 90090 002 \*\*\*150.00



03102006 Chg-P CR2E034 (11/05)