2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000133561

1. Entity Name
A LOW COST LAWN SERVICE, INC.

Principal Place of Business	Mailing Address
257 LINCOLN CIRCLE SW. #3206 SAINT PETERSBURG, FL 33703	P.O. BOX 40481 SAINT PETERSBURG, FL 33743-0481

DO NOT WRITE IN THIS SPACE

02052007 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1667055
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRAVIS, MICHAEL P
257 LINCOLN CIR SW.
3206
SAINT PETERSBURG, FL 33703

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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 _____ 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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000629575
02/19/07-80003-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRAVIS, MICHAEL P
STREET ADDRESS	257 LINCOLN CIR SW
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	D
NAME	PHANSTIEL, GUSTAV C
STREET ADDRESS	2176 WINCHESTER RD UNIT 3
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael P Travis 02/07/07 727-458-7885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL TRAVIS