


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000015726	
1. Entity Name ANUAR LAWN SERVICE, INC.	

Principal Place of Business 7429 SEA ISLAND ROAD FT. MYERS FL 33912	Mailing Address POST OFFICE BOX 112259 NAPLES FL 34108
--	---



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

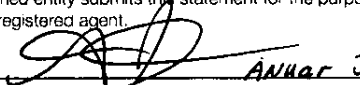
4. FEI Number 73-1725390		Applied For
		<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

2nd MOORE CR2E034 (4/06)

6. Name and Address of Current Registered Agent	
JAMETTE, ANUAR 7429 SEA ISLAND ROAD FT. MYERS FL 33912	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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  Anuar Jamette DATE 8/12/06

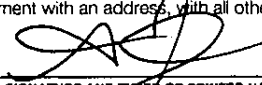
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	JAMETTE, ANUAR
STREET ADDRESS	7429 SEA ISLAND ROAD
CITY - ST - ZIP	FT. MYERS FL 33912
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000574521
CITY - ST - ZIP	08/16/06-80006-009 550.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:  Anuar Jamette DATE 8/12/06 DAYTIME PHONE # 239-289-7023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR