


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000022413	
1. Entity Name LAWN SERVICES BY RICK PAYNE, INC.	

Principal Place of Business 410 MAGNOLIA AVE. LEHIGH ACRES, FL 33936 US	Mailing Address P.O. BOX 637 LEHIGH ACRES, FL 33970 US
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DO NOT WRITE IN THIS SPACE

04222006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3744730	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PAYNE, RICHARD PD
410 MAGNOLIA AVE
LEHIGH ACRES, FL 33936

**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

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

(NOTE: Registered Agent's 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	PD
NAME	PAYNE, RICHARD
STREET ADDRESS	410 MAGNOLIA AVE.
CITY-ST-ZIP	LEHIGH ACRES, FL 33936

TITLE	VO
NAME	PAYNE, TERRI
STREET ADDRESS	410 MAGNOLIA AVE.
CITY-ST-ZIP	LEHIGH ACRES, FL 33936

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/06-80063-016 150.00

**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:

Terri L. Payne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

Date

239-369-8638

Daytime Phone #