


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90312 024 \*\*\*150.00

<b>DOCUMENT # P03000035422</b> 1. Entity Name GROWING PAINS LAWN CARE INC.	
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Principal Place of Business 169 - S.E. 22ND ST. CAPE CORAL, FL 33990	Mailing Address 169 - S.E. 22ND ST. CAPE CORAL, FL 33990
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66011673



**DO NOT WRITE IN THIS SPACE**

03212006 No Chg-P CR2E034 (11/05)

4. FEI Number <del>09-0500506</del> 27-0120495	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MANGRAVITE, SALVATORE J 169 - S.E. 22ND ST. CAPE CORAL, FL 33990
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**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 *Salvatore J. Mangrante* (NOTE: Registered Agent signature required when reinstating) DATE 3/24/06

**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 NAME STREET ADDRESS CITY-ST-ZIP	P MANGRAVITE, SALVATORE J 169 S. E. 22ND ST. CAPE CORAL, FL 33990
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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: *Salvatore J. Mangrante* DATE 4/19/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR