

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90166 029 ***150.00

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1. Entity Name
SONSHINE LAWN MANAGEMENT SERVICES CORP.



Principal Place of Business
2416 DEERBROOK DRIVE
LAKELAND, FL 33811

Mailing Address
P.O. BOX 6303
LAKELAND, FL 33807

2. Principal Place of Business
907 Spicewood Dr.

3. Mailing Address
Suite, Apt. #, etc.

04202006 Chg-P CR2E034 (11/05)

4. FEI Number
51-0464445
Applied For
Not Applicable

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

City & State
Lakeland FL

City & State

Zip
33801
Country
PolK

Zip
Country

6. Name and Address of Current Registered Agent

BALLARD, JIMMIE JR
2416 DEERBROOK DRIVE
LAKELAND, FL 33811

7. Name and Address of New Registered Agent

Name
~~John~~
Street Address (P.O. Box Number is Not Acceptable)
907 Spicewood Dr.
City Lakeland FL Zip Code 33801

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 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
NAME D
STREET ADDRESS BALLARD, JIMMIE
CITY - ST - ZIP P.O. BOX 6303
LAKELAND, FL 33807 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #