## 2006 FOR PROFIT CORPORATION

## Jan 30, 2006 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P03000050855 1. Entity Name BOBBY SHEFFIELD'S LAWN SERVICE, INC. Mailing Address Principal Place of Business 11140 SAFARI DRIVE 11140 SAFARI DRIVE BONITA SPRINGS, FL 34135 ŲS BONITA SPRINGS, FL 34135 No Cha-P CR2E034 (11/05) 01202006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0689794 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHEFFIELD, JOHN R JR. DO NOT WRITE 11140 SAFARI DRIVE IN THIS SPACE BONITA SPRINGS, FL 34135 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. Supporture Typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) (000000407518 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing 02/08/06-80020-015 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS THLE NAME SHEFFIELD, JOHN R JR. 11140 SAFARI DRIVE STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 TITLE SHEFFIELD, PEARL V NAME 11140 SAFARI DRIVE STREET ADDRESS BONITA SPRINGS, FL 34135 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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** 

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

01/25/06

(239) 992. 31.32 Daytime Phone #

**FILED**