

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90075 043 ***150.00

DOCUMENT # P03000072419			
1. Entity Name GROUNDKEEPERS LAWN MAINTENANCE CORP.			
Principal Place of Business 3961 DORRIT AVENUE BOYNTON BEACH FL 33436		Mailing Address 3961 DORRIT AVENUE BOYNTON BEACH FL 33436	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent ACTIVE FILINGS, LLC 10651 NE 11TH COURT MIAMI SHORES FL 33138				7. Name and Address of New Registered Agent Name Lisa Frappier Street Address (P.O. Box Number is Not Acceptable) 3961 DORRIT AV City Boynton Beach FL Zip Code 33436	
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 Lisa Frappier Lisa Frappier v.p. DATE 01/21/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUCZENSKI, JOSEPH 3961 DORRIT AVENUE BOYNTON BEACH FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAPPIER, LISA 3961 DORRIT AVENUE BOYNTON BEACH FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Lisa Frappier** **LISA FRAPPIER** 01/21/05 561-317-4248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #