

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90061 038 ***150.00

DOCUMENT # P03000074694

1. Entity Name
NO LIMIT LAWN CARE, INC.



Principal Place of Business
**602 ALMA STREET
KISSIMMEE, FL 34741**

Mailing Address
**P.O. BOX 451636
KISSIMMEE, FL 34745**

2. Principal Place of Business - No P.O. Box #
4871 W. VINE ST.

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.
Kto

Suite, Apt. #, etc.

City & State
KISSIMMEE, FL

City & State

Zip
34740

Country
U.S.A.

Zip

Country

04172008 Chg-P CR2E034 (12/06)

4. FEI Number
20-0049151

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FULLWOOD JR., EDDIE J
602 ALMA ST
KISSIMMEE, FL 34741**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FULLWOOD JR., EDDIE J**
STREET ADDRESS **P.O. BOX 451636**
CITY-ST-ZIP **KISSIMMEE, FL 34745**

TITLE **ST** ☐ Delete
NAME **RELOSA, MARIE**
STREET ADDRESS **P.O. BOX 451636**
CITY-ST-ZIP **KISSIMMEE, FL 34745**

TITLE **D** ☐ Delete
NAME **DANIELS, COREY**
STREET ADDRESS **P.O. BOX 451636**
CITY-ST-ZIP **KISSIMMEE, FL 34745**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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: **MARIE RELOSA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08 **(407) 390-9546**
Date Daytime Phone #