

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90047 025 ***150.00

DOCUMENT # P03000091201

1. Entity Name

LAWN CHAMPS INC.



Principal Place of Business

1044 WILLOW COVE CT EAST
ATLANTIC BEACH FL 32233

Mailing Address

1044 WILLOW COVE CT EAST
ATLANTIC BEACH FL 32233



2. Principal Place of Business

13135 Wild Olive Ct
Suite, Apt. #, etc.

3. Mailing Address

13135 Wild Olive Ct
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

41-2107738

Applied For

Not Applicable

Zip
32246

Country
USA

Zip
32246

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SESSOMS, KAMALA
1044 WILLOW COVE CT EAST
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name

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

13135 Wild Olive Ct

City Jacksonville

FL

Zip Code
32246

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE P,D ☐ Delete
NAME SESSOMS, GARY K
STREET ADDRESS 1044 WILLOW COVE CT EAST
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE VP,D ☐ Delete
NAME WRIGHT, NATHANIEL
STREET ADDRESS 1044 WILLOW COVE CT EAST
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE D ☐ Delete
NAME SESSOMS, KAMALA
STREET ADDRESS 1044 WILLOW COVE CT
CITY-ST-ZIP ATLANTIC BEACH FL 32233

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 13135 Wild Olive Ct.
CITY-ST-ZIP Jacksonville, FL 32246

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13135 Wild Olive Ct
CITY-ST-ZIP Jacksonville, FL 32246

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CITY-ST-ZIP

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

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 Section 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

[Signature]

1/23/06

Date

(904) 887-9117

Daytime Phone #