

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000102450

1. Entity Name
MARCO PIMPINELLA LAWN SERVICE, INC.



Principal Place of Business
**1345 TORREYA CIRCLE
N FT MYERS, FL 33917**

Mailing Address
**1345 TORREYA CIRCLE
N FT MYERS, FL 33917**

Dept OF STATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252005

Chg-P

CR2E034 (10/03)

4. FEI Number
56-2400261

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIMPINELLA, NANCY
1345 TORREYA CIRCLE
N FT MYERS, FL 33917**

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, 2005 Fee will be \$550.00**

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 PD ☐ Delete
NAME PIMPINELLA, MARCO A
STREET ADDRESS 1345 TORREYA CIRCLE
CITY-ST-ZIP N FT MYERS, FL 33917

TITLE ☐ Change ☐ Addition
NAME **U00000205700**
STREET ADDRESS **01/31/05-80057-005 150.00**
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME PIMPINELLA, NANCY
STREET ADDRESS 1345 TORREYA CIRCLE
CITY-ST-ZIP N FT MYERS, FL 33917

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

TITLE ☐ Delete
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-05

239-543-7831