

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000117057

1. Entity Name
SIMON'S LAWN AND IRRIGATION, INC.



Principal Place of Business
8635 FLEMING GRANT RD
MICCO, FL 32976

Mailing Address
8635 FLEMING GRANT RD
MICCO, FL 32976



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0332947

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIMON, GORDON
8625 FLEMING GRANT RD
MICCO, FL 32976

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DS
NAME SIMON, MICHAEL
STREET ADDRESS 242 KIWI DR
CITY-ST-ZIP BAREFOOT BAY, FL 32976

TITLE DP
NAME SIMON, DOUG
STREET ADDRESS 8635 FLEMING GRANT RD
CITY-ST-ZIP MICCO, FL 32976

TITLE DT
NAME SIMON, GORDON
STREET ADDRESS 8625 FLEMING GRANT RD
CITY-ST-ZIP MICCO, FL 32976

TITLE
NAME
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CITY-ST-ZIP

U00000390241
01/23/06-80019-018 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *Gordon J Simon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-06

772-664-2469

Date

Daytime Phone