

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90035 022 \*\*\*150.00

DOCUMENT # P03000119461

1. Entity Name

MAKSYMUK'S LAWN SERVICE, INC.



Principal Place of Business

104 SHORT ST  
FORT WALTON BEACH FL 32547

Mailing Address

528 DOLPHIN AVE  
FT WALTON BEACH FL 32548



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-0432873

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~HAUGHT, BRUCE A~~  
~~385 HWY 98 STE 220~~  
~~DESTIN FL 32541~~

7. Name and Address of New Registered Agent

Name **JOHN S. MAKSYMUK**

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

**528 DOLPHIN AVENUE**

City

**FT. WALTON BEACH, FL FL**

Zip Code

**32548**

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 - nonpublic

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/4/07**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 PD ☐ Delete  
NAME MAKSYMUK, JOHN S  
STREET ADDRESS 528 DOLPHIN AVE  
CITY ST / ZIP FT WALTON BEACH FL 32548

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST / ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST / ZIP

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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 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

Date

Daytime Phone #

**3/4/07**