

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000120426

1. Entity Name  
C & M IRRIGATION AND LAWN SERVICE, INC.



Principal Place of Business  
202 BANNERMAN RD  
TALLAHASSEE, FL 32312

Mailing Address  
202 BANNERMAN RD  
TALLAHASSEE, FL 32312

FILED

07 MAY -1 AM 8:50

CLERK OF STATE  
TALLAHASSEE, FLORIDA



03072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-3706514

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GIBBY, CLARENCE  
202 BANNERMAN RD  
TALLAHASSEE, FL 32312

**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

*Mr. Clarence Gibby*

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

(NOTE: Registered Agent signature required when reinstating)

✓ 04-20-07  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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
NAME	GIBBY, CLARENCE
STREET ADDRESS	202 BANNERMAN RD
CITY - ST - ZIP	TALLAHASSEE, FL 32312
TITLE	V
NAME	GIBBY, MARILYN
STREET ADDRESS	202 BANNERMAN RD
CITY - ST - ZIP	TALLAHASSEE, FL 32312
TITLE	S
NAME	GIBBY, CLARENCE III
STREET ADDRESS	202 BANNERMAN RD
CITY - ST - ZIP	TALLAHASSEE, FL 32312
TITLE	T
NAME	MILLER, WILMARIO III
STREET ADDRESS	202 BANNERMAN RD
CITY - ST - ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

*035/2*

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05/04/07--01050--023 \*\*150.00

**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:

*Clarence Gibby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 04-20-07 1850-443-8496  
Date Daytime Phone