

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000126831

1. Entity Name
LEE'S MOWING & GRADING, INC.



Principal Place of Business
**9407 DELFT ROAD
SARASOTA, FL 34240**

Mailing Address
**9407 DELFT ROAD
SARASOTA, FL 34240**



01092006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0372013

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIZEMORE, MARY JANE
3901 BAHIA VISTA STREET
LOT 319
SARASOTA, FL 34232**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MILLER, LEE J
9407 DELFT ROAD
SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
COOK, WAYNE T
4834 ELFRIDA AVENUE
SARASOTA, FL 34235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COOK, NICHOLAS R
9407 DELFT ROAD
SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MILLER, MARILYN J
9407 DELFT RD
SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000516976
05/01/06-80026-016 150.00

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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:

Marilyn J. Miller

Marilyn J. Miller

(941) 371-6448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #