

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000126950

1. Entity Name
VICTORY LAWN CARE INC.



Principal Place of Business
2715 S 26TH ST
FT PIERCE, FL 34981

Mailing Address
2715 S 26TH ST
FT PIERCE, FL 34981



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0711276

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RITTEN, ROBERT G
2715 S 26TH ST
FT PIERCE, FL 34981

**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.**

U00000425339
02/18/06-90092-015 158.75

10. OFFICERS AND DIRECTORS

TITLE P
NAME RITTEN, ROBERT G
STREET ADDRESS 2715 S 26TH ST
CITY-ST-ZIP FT PIERCE, FL 34981

TITLE V
NAME RITTEN, JILL P
STREET ADDRESS 2715 S 26TH ST
CITY-ST-ZIP FT PIERCE, FL 34981

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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: *Robert G. Ritten*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06
Date

772-460932
Daytime Phone #