


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000137238 1. Entity Name GOLDEN EAGLES LAWN CARE & LANDSCAPE, INC.	
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Principal Place of Business 2829 MOURNING DOVE WAY TITUSVILLE, FL 32780	Mailing Address 2829 MOURNING DOVE WAY TITUSVILLE, FL 32780
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3730310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CARTER, BONNIE
2829 MOURNING DOVE WAY
TITUSVILLE, FL 32780

**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, 2005 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	D CARTER, JOHN 2829 MOURNING DOVE WAY TITUSVILLE, FL 32780
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, BONNIE 2829 MOURNING DOVE WAY TITUSVILLE, FL 32780
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01/07/05-80021-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bonnie Carter, Bonnie Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-05 321/267-5119
Date Daytime Phone #