

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90110 014 ***150.00

DOCUMENT # P03000148085

1. Entity Name
BUD'S LAWN AND TREE SERVICE CO



Principal Place of Business
**11248 COMMERCIAL WAY
WEEKI WACHEE, FL 34614 US**

Mailing Address
**11248 COMMERCIAL WAY
WEEKI WACHEE, FL 34614 US**

50013887



2. Principal Place of Business

14485 BAILEY HILL RD.
Suite, Apt. #, etc.

3. Mailing Address

14485 BAILEY HILL RD.
Suite, Apt. #, etc.

04172006 Chg-P CR2E034 (11/05)

City & State
BROOKSVILLE, FL

Zip Country
34614 U.S.

City & State
BROOKSVILLE, FL

Zip Country
34614 U.S.

4. FEI Number
20-0660450

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCLEOD, KEITH S
11248 COMMERCIAL WAY
WEEKI WACHEE, FL 34614**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

4-17-06

**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 P
NAME **MCLEOD, KEITH S** ☐ Delete
STREET ADDRESS **11248 COMMERCIAL WAY**
CITY-ST-ZIP **WEEKI WACHEE, FL 34614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

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:

Keith S McLeod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06

Date

(352) 596-2338

Daytime Phone #