

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2006 8:00 am**  
**Secretary of State**

08-17-2006 90002 013 \*\*\*150.00

DOCUMENT # P04000008951

1. Entity Name  
TITAN LAWN CARE, INC.



Principal Place of Business  
1049 N. FOAK ROAD  
STUART, FL 34994 US

Mailing Address  
1049 N. FOAK ROAD  
STUART, FL 34994 US

50025388

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

975 E 13<sup>th</sup> Square

P.O. Box 834

City & State  
Vero Beach FL

City & State  
Jensen Beach FL

Zip  
32960

Country

Zip  
34958

Country

08072006

Chg-P

CR2E034 (11/05)

4. FEI Number  
65-0679973

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNARD, RONALD  
1049 N. FORK ROAD  
STUART, FL 34994

Name  
RONALD BERNARD

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

975 E 13<sup>th</sup> Square

City Vero Beach FL 32960 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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME P BERNARD, RONALD ☐ Delete  
STREET ADDRESS 1049 N. FORK ROAD  
CITY-ST-ZIP STUART FL 34994

TITLE  
NAME RONALD BERNARD ☒ Change ☐ Addition  
STREET ADDRESS 975 E 13<sup>th</sup> St  
CITY-ST-ZIP Vero Beach FL 32960

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
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TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/18/06