

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90014 025 ***150.00

DOCUMENT # P04000014316

1. Entity Name
PAL HODAI LAWN CARE, INC.



Principal Place of Business
**7290 MYRTLE RD
FT MYERS, FL 33912**

Mailing Address
**7290 MYRTLE RD
FT MYERS, FL 33912**

40044320



02192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
9288 Scarlett OAK AVE

3. Mailing Address
9288 Scarlett OAK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Myers FL

City & State
Fort Myers FL

Zip
33912

Country

Zip
33912

Country

4. FEI Number
200645162

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**HODAI, PAL
7290 MYRTLE RD
FT MYERS, FL 33912**

7. Name and Address of New Registered Agent

Name
PAL HODAI

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

9288 Scarlett OAK AVE

City
Fort Myers

FL

Zip Code
33912

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 **x Pal Hoda PAL HODAI**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-2-05

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
**P
PAL HODAI
7290 MYRTLE RD
FORT MYERS FL 33912**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PAL HODAI
9288 Scarlett OAK AVE
FORT MYERS FL 33912**

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **x Pal Hoda PAL HODAI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-05

Date

Daytime Phone #