

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90032 025 \*\*\*158.75

**DOCUMENT # P04000022924**

1. Entity Name  
**MARTIN'S LAWN SERVICE, INC.**



Principal Place of Business  
623 NEW YORK AVE  
ST CLOUD, FL 34769

Mailing Address  
623 NEW YORK AVE  
ST CLOUD, FL 34769

2. Principal Place of Business  
**3940 Canoe Creek Rd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**3940 Canoe Creek Rd.**  
Suite, Apt. #, etc.

City & State  
**St. Cloud FL**  
Zip  
**34772**

City & State  
**St. Cloud FL**  
Zip  
**34772**

02062006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0771682**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GARCIA, MARTIN A  
623 NEW YORK AVE  
ST CLOUD, FL 34769

**7. Name and Address of New Registered Agent**

Name  
**Garcia Martin A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3940 Canoe Creek Rd.**  
City  
**St. Cloud** **FL** Zip Code  
**34772**

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 \_\_\_\_\_ (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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, MARTIN A 623 NEW YORK AVE ST CLOUD, FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, MARTIN A 3940 CANOE CREEK RD ST. CLOUD FL 34772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Martin Garcia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/06  
Date

Daytime Phone #