

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90031 012 ***150.00

DOCUMENT # P04000028634

1. Entity Name
DANIEL SWEENEY'S TOTAL LAWN CARE, INC.



Principal Place of Business
**2320 BROOKSHIRE CIR
W MELBOURNE, FL 32904**

Mailing Address
**2320 BROOKSHIRE CIR
W MELBOURNE, FL 32904**

40046261



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-0725521

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SWEENEY, DANIEL
2320 BROOKSHIRE CIR
W MELBOURNE, FL 32904**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
SWEENEY, DANIEL
2320 BROOKSHIRE CIR
W MELBOURNE, FL 32904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
Sweeney, Daniel
2320 Brookshire Cir.
W. Melbourne, Florida 32904** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SWEENEY, BETTINA
2320 BROOKSHIRE CIRCLE
WEST MELBOURNE, FL 32904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
Sweeney, Bettina
2320 Brookshire Cir.
W. Melbourne, Florida 32904** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:

Daniel Sweeney, Director 02/17/06 321-952-7006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #