

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000095834

1. Entity Name

CHAVEZ'S LAWN SERVICES, INC.



Principal Place of Business

2216 JULIANNA CT
ST CLOUD, FL 34769

Mailing Address

2216 JULIANNA CT
ST CLOUD, FL 34769



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
13-4283460

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHAVEZ, MIGUEL
2216 JULIANNA CT
ST CLOUD, FL 34769

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME CHAVEZ, MIGUEL
STREET ADDRESS 2216 JULIANNA CT
CITY-ST-ZIP ST CLOUD, FL 34769

TITLE T
NAME CHAVEZ, MIGUEL
STREET ADDRESS 2216 JULIANNA CT
CITY-ST-ZIP ST CLOUD, FL 34769

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02/12/07-80007-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Miguel Chavez - President/Owner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/07

Daytime Phone #

(321)624-0889