

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008

Chg-P

CR2E034 (12/06)

4. FEI Number
13-4283460

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAVEZ, MIGUEL
2216 JULIANNA CT
ST CLOUD, FL 34769**

7. Name and Address of New Registered Agent

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 constituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 ☐ Delete
NAME CHAVEZ, MIGUEL
STREET ADDRESS 2216 JULIANNA CT
CITY-ST-ZIP ST CLOUD, FL 34769

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000857371
CITY-ST-ZIP 04/01/08-80001-017 150.00

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

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

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TITLE ☐ Change ☐ Addition
NAME
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: Miguel Chavez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08

Date

321-624-0889

Daytime Phone #