## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## **DOCUMENT # P04000103899**

CARDINAL LAWN CARE INC.



Jan 20, 2006 8:00 am Secretary of State

01-20-2006 90027 008 \*\*\*150.00

**FILED** 

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Principal Place of Business	Mailing Address				
17628 WOODFIELD HILL CT ORLANDO, FL 32820	17628 WOODFIELD HILL CT ORLANDO, FL 32820				
2. Principal Place of Business	3. Mailing Address				

17628 WOOI Orlando, Fi	DFIELD HILL CT L 32820	17628 WOODFIELD HILL Orlando, Fl 32820	_ CT						
2. Principal P	Place of Business	3. Mailing Address	. 77	22.2.2					
9.0.80x 770 ∂5 7 Suite, Apt. #, etc.		P.O. BUX 770207  Suite, Apt. #, etc.		01162006	Chg-P	CR2E034	4 (11/05)		
City & State - WENTER GARDON FL		City & State  WINTER GALDW FC  Zip 34777 Country USA		4. FEI Number 20-1366			<b>⊢</b> ⊢	plied For	
— WW 2ip 34	177 Country USA	Zip 34777	Country	15A		f Status Desired		8.75 Add	litional
6. Name and Address of Current Register					7. Name and A	Address of New R	egistered Ag	ent	
			Na	ame				,	
SPIEGEL 4 1840 SW 2	& UTRERA, P.A.		Str	reet Address (	P.O. Box Number	is Not Acceptable	1		
4TH FLOC							<u>,</u>		
MIAMI, FL	33145								
1 1 2			Cit	ity			FL	Zip Code	е
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered off	fice or registe	red agent, or both	, in the State of Flo	rida. I am far	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title Y applicable. (NOTE.	Registered Agen	ni signature require	d when reinstaling)		DATE		
ا سنة م									
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib			.00 May Be led to Fees				
FIL	ay 1, 2006 Fee will be \$550.0 OFFICERS AND E	Trust Fund Contrib			led to Fees	CHANGES TO OFF	ICERS AND D	DIRECTORS	S IN 11
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12. Thereby certify that the information supplied with this fitting 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:

FLORENCE