

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000112494

1. Entity Name

GULFCOAST LAWN AND SHRUB CARE, INC.



Principal Place of Business

**14688 ESCALANTE WAY
BONITA SPRINGS, FL 34135**

Mailing Address

**14688 ESCALANTE WAY
BONITA SPRINGS, FL 34135**



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1433704

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

**GULLIAM, PATRICK M
14688 ESCALANTE WAY
BONITA SPRINGS, FL 34135**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000001507244
04/27/06-80056-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WARCHOL, CHRISTOPHER S
STREET ADDRESS	6380 ARAGON WAY, APT 204
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	VP
NAME	GULLIAM, PATRICK M
STREET ADDRESS	14688 ESCALANTE WAY
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #