

# ANNUAL REPORT

DOCUMENT # P04000117638

1. Entity Name  
VICTOR'S ULTIMATE LAWN CARE, INC.



Principal Place of Business  
4626 S.W. 17TH PLACE  
CAPE CORAL, FL 33914

Mailing Address  
4626 S.W. 17TH PLACE  
CAPE CORAL, FL 33914

FILED  
May 01, 2006 08:00 AM  
Secretary of State



04262006 No Chg-P CR2E034 (11/05)

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4. FEI Number  
75-3176241

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

OROZCO, VICTOR  
4626 S.W. 17TH PLACE  
CAPE CORAL, FL 33914

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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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
OROZCO, VICTOR  
4626 S.W. 17TH PLACE  
CAPE CORAL, FL 33914

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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U00000547427  
05/12/06-80026-009 150.00

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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

4-28-06 239-910-8290

Date

Daytime Phone #