

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000128037	
1. Entity Name FRANKS QUALITY LAWN CARE, INC.	

Principal Place of Business 1079 NW 22 COURT BELL, FL 32619 US	Mailing Address 1079 NW 22 COURT BELL, FL 32619 US
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DO NOT WRITE IN THIS SPACE



03162008 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0214911	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PELAEZ, FRANK R
1079 NW 22 COURT
BELL, FL 32619**

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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 *Frank R. Pelaez* (NOTE: Registered Agent signature required when reinstating)

DATE 03/16/2006

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	1000000475544 04/05/06-80019-022 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELAEZ, FRANK R 1079 NW 22 COURT BELL, FL 32619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PELAEZ, DIANE M 1079 NW 22 COURT BELL, FL 32619
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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: *Diane M. Pelaez* V.P. 03/16/06 3524632988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #