

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90114 036 ***150.00

DOCUMENT # P04000132375

1. Entity Name
HEAVENLY LAWN CARE SERVICES INC



Principal Place of Business

208 MADISON AVE
IMMOKALEE, FL 34142

Mailing Address

P.O. BOX 2021
IMMOKALEE, FL 34143

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

413 Jour Ferie Rd

3. Mailing Address

Suite, Apt. #, etc.

04252007

Chg-P

CR2E034 (12/06)



City & State

Lehigh Acres FL

City & State

Zip

Country

33936

USA

Zip

Country

4. FEI Number

20-1649265

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAEZ, JOEL
208 MADISON AVE
IMMOKALEE, FL 34142

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

413 Jour Ferie Rd

City

Lehigh Acres

FL

Zip Code

33936

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, 2007 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
P
HIATT, RAMONA
6 EAST GREENS BLVD
LEHIGH ACRES, FL 33972

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SAEZ, JOEL
PO BOX 2021
IMMOKALEE, FL 34143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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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 #

14/29/07 1239
289-4610