


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000136137 1. Entity Name ALL COUNTY LAWN MAINTENANCE, INC.	
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Principal Place of Business 4252 OLD A1A SOUTH PALM COAST, FL 32137	Mailing Address 4252 OLD A1A SOUTH PALM COAST, FL 32137
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DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1719579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NICOLIELLO, MICHELLE A 4252 OLD A1A SOUTH PALM COAST, FL 32137

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 <u>Michelle Nicolich</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/23/06</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICOLIELLO, MASON J 4252 OLD A1A SOUTH PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICOLIELLO, MICHELLE A 4252 OLD A1A SOUTH PALM COAST, FL 32137
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<p>000000415496 02/11/06-80082-021 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>Michelle Nicolich</u> (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE <u>1/23/06</u> (3812)446-2691 DAYTIME PHONE #