


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000138756 1. Entity Name TONY'S LAWN CARE, INC.	
---	---

Principal Place of Business 1025 KELSEY AVE OVIDO, FL 32765	Mailing Address 1025 KELSEY AVE OVIDO, FL 32765
---	---

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  COMPLETE BUSINESS SOLUTIONS, INC. 1805 CANOVA STREET SUITE #2 PALM BAY, FL 32909
--

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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 HERRING, ANTHONY 1025 KELSEY AVE OVIDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HERRING, PAMELA 1025 KELSEY AVE OVIDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

200045212492  
01/24/05--01012--022 \*\*2111.65

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  1/21/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

05 JAN 21 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-1530619	Applied For Not Applicable
-----------------------------	-------------------------------

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