


FILED
Mar 14, 2007 8:00 am
Secretary of State

02-26-2007 90047 048 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

66005131

DOCUMENT # P04000155115			
1. Entity Name ARACELY MENDOZA LAWN SERVICE INC.			
Principal Place of Business 10952 ROSEMARY DR BONITA SPRINGS, FL 34135		Mailing Address 10952 ROSEMARY DR BONITA SPRINGS, FL 34135	
2. Principal Place of Business - No P.O. Box # 10692 WOODS CR		3. Mailing Address 10692 WOODS CR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BONITA SPRINGS FL		City & State BONITA SPRINGS FL	
Zip 34135		Zip 34135	
Country		Country	
4. FEI Number 20-1882863		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENDOZA, ARACELY 10952 ROSEMARY DR N BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10692 WOODS CR City BONITA SPRINGS FL Zip Code 34135	
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>Aracely Mendoza</u> DATE: <u>3-8-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDOZA, ARACELY 3311 4TH STREET SW LEHIGH ACRESS, FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDOZA ARACELY 10692 WOODS CR BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZARATE, JOSE G 3311 4TH STREET SW LEHIGH ACRESS, FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZARATE, JOSE G 10692 WOODS CR BONITA SPRINGS FL-34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, JESUS 3311 4TH STREET SW LEHIGH ACRESS, FL 33971 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ZABALA, JUAN 13860 BONITA BEACH RD BONITA SPRING, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Aracely Mendoza</u>		+ President. <u>03/8/07</u> Date: <u>239-995-7993</u> <small>State of Florida</small>	