

2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-23-2006 90025 010 ***150.00

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1st MOORE CR2E034 (10/05)

DOCUMENT # P04000164962 1. Entity Name OZELL'S GROUND MAINTENANCE, INC.					
Principal Place of Business 1007 SEMINOLE STREET CLEARWATER FL 33755			Mailing Address 1007 SEMINOLE STREET CLEARWATER FL 33755		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 51-0527806	
5. Certificate of Status Desired <input type="checkbox"/>				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 GEORGE, OZELLE 1007 SEMINOLE STREET CLEARWATER FL 33755				7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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 revoking) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 * After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 DIP <input type="checkbox"/> Delete			TITLE DIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME GEORGE OZELLE			NAME GEORGE OZELLE		
STREET ADDRESS 1007 SEMINOLE ST.			STREET ADDRESS 1007 SEMINOLE ST		
CITY-ST-ZIP CLEARWATER, FL 33755			CITY-ST-ZIP 1007 SEMINOLE ST CLEARWATER, FL 33755		
TITLE _____ <input type="checkbox"/> Delete			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME _____			NAME _____		
STREET ADDRESS _____			STREET ADDRESS _____		
CITY-ST-ZIP _____			CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME _____			NAME _____		
STREET ADDRESS _____			STREET ADDRESS _____		
CITY-ST-ZIP _____			CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME _____			NAME _____		
STREET ADDRESS _____			STREET ADDRESS _____		
CITY-ST-ZIP _____			CITY-ST-ZIP _____		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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><i>Ozelle</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				3-14-05 727 461 0356 Date Daytime Phone #	