


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90032 046 ***158.75

DOCUMENT # P04000172011			
1. Entity Name ALL FOR YOU LANDSCAPE AND MAINTENANCE INC.			
Principal Place of Business 3475 OLD EDWARDS ROAD FORT PIERCE, FL 34981		Mailing Address 3475 OLD EDWARDS ROAD FORT PIERCE, FL 34981	
2. Principal Place of Business - No P.O. Box # 3475 Old Edwards Rd		3. Mailing Address 3475 Old Edwards Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Pierce FL		City & State Ft. Pierce FL	
Zip 34981	Country USA	Zip 34981	Country USA
6. Name and Address of Current Registered Agent WILLIS, KIMBERLY 3475 OLD EDWARDS ROAD FORT PIERCE, FL 34981		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>Kimberly Willis</u> <u>Kimberly Willis</u> <u>5.14.07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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	PD WILLIS, KIMBERLY 3475 OLD EDWARDS ROAD FORT PIERCE, FL 34981 <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	V WILLIS, JUSTIN 3475 OLD EDWARDS ROAD FORT PIERCE, FL 34981 <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
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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>Kimberly Willis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5.14.07</u> <u>772-489-4777</u> <small>Date Daytime Phone #</small>	

40115305



05072007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2088311
Applied For
Not Applicable

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

**ATTACHMENT**
Division of Corporations

40115305

Annual Report

Annual Report Help

Document Number
P04000172011

Business Entity Name

ALL FOR YOU LANDSCAPE AND MAINTENANCE INC.FEI Number **202088311**

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

☒ Yes☐ No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes☒ No**Principal Place of Business**Address **3475 OLD EDWARDS ROAD**
Suite, Apt. #, etc.
City, State **FORT PIERCE**, FL
Zip Code & Country **34981****Mailing Address**Address **3475 OLD EDWARDS ROAD**
Suite, Apt. #, etc.
City, State **FORT PIERCE**, FL
Zip Code & Country **34981****Name and Address of Registered Agent**Name (Last, First, Middle, Title) **WILLIS**, **KIMBERLY**, ,**- OR -**

Business to serve as RA

Address (PO Box is not acceptable) **3475 OLD EDWARDS ROAD**

Suite, Apt. #, etc.

City, State **FORT PIERCE**, FLZip Code & Country **34981** US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD
Name (Last, First, Middle, Title) WILLIS, KIMBERLY, ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 3475 OLD EDWARDS ROAD
City, State FORT PIERCE, FL
Zip Code & Country 34981

Title V
Name (Last, First, Middle, Title) WILLIS, JUSTIN, ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 3475 OLD EDWARDS ROAD
City, State FORT PIERCE, FL
Zip Code & Country 34981

Title
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

PD,
Kimberly Willis

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset