


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90033 050 ***150.00

DOCUMENT # P05000000712 1: Entity Name GREEN YARD LANDSCAPING AND LAWN MAINT., INC					
Principal Place of Business 1420 N.E. 14TH TERR CAPE CORAL, FL 33909			Mailing Address 1420 N.E. 14TH TERR CAPE CORAL, FL 33909		
2. Principal Place of Business <i>Home 923 SE 16th St</i> Suite, Apt. #, etc.		3. Mailing Address <i>same</i> Suite, Apt. #, etc.			
City & State <i>Cape Coral, FL</i>		City & State _____		4. FEI Number 11-3738675	
Zip 33990		Country USA		Country _____	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SANTOS, REMIGIO 1420 N.E. 14TH TERR CAPE CORAL, FL 33909			7. Name and Address of New Registered Agent Name <i>Remigio Santos</i> Street Address (P.O. Box Number is Not Acceptable) <i>923 SE 16th St</i> City <i>Cape Coral, FL</i> Zip Code <i>33990</i>		
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 _____ <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 \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME SANTOS, REMIGIO STREET ADDRESS 1420 N.E. 14TH TERR CITY-ST-ZIP CAPE CORAL, FL 33909	<input type="checkbox"/> Delete		TITLE D NAME Remigio Santos STREET ADDRESS 923 SE 16th St CITY-ST-ZIP Cape Coral, FL 33990	<input checked="" 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	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					