

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 19, 2007 8:00 am
Secretary of State**

03-19-2007 90052 009 ***150.00

DOCUMENT # P05000010145

1. Entity Name
TIM STOWES LAWN MANAGEMENT, INC.



Principal Place of Business
8585 MOCKING BIRD LANE
ESTERO, FL 33928

Mailing Address

8585 MOCKING BIRD LANE
ESTERO, FL 33928

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232007 Chg-P CR2E034 (12/06)

4. FEI Number
83-0416143

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STOWES, TIM
8585 MOCKING BIRD LANE
ESTERO, FL 33928

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME STOWES, TIM
STREET ADDRESS 8585 MOCKING BIRD LANE
CITY-ST-ZIP ESTERO, FL 33928

Delete

TITLE V
NAME STOWES, MARGARET
STREET ADDRESS 8585 MOCKING BIRD LANE
CITY-ST-ZIP ESTERO, FL 33928

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

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 addressee, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-07
Date

Daytime Phone #