

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAR 15 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # P05000010217

1. Entity Name
PLEASANT VIEW LAWN SERVICE, INC.

| | |
|--|--|
| Principal Place of Business 5939 RIVERSIDE DRIVE PORT ORANGE, FL 32127 | Mailing Address 5939 RIVERSIDE DRIVE PORT ORANGE, FL 32127 |
|--|--|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

0123006, C106, OR2E034(1/08)

4. FEI Number **20-2261606** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHERER, JAMES J JR
5939 RIVERSIDE DRIVE
PORT ORANGE, FL 32127**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PVST | <input type="checkbox"/> Delete |
| NAME | SCHERER, JAMES J JR | |
| STREET ADDRESS | 5939 RIVERSIDE DRIVE | |
| CITY-ST-ZIP | PORT ORANGE, FL 32127 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHERER, JAMES J JR | |
| STREET ADDRESS | 5939 RIVERSIDE DRIVE | |
| CITY-ST-ZIP | PORT ORANGE, FL 32127 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|---|
| TITLE | 500082812505 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 12/28/06--01009--004 **550.00 | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | 500082812505 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 04/04/07--01048--021 **358.75 | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: X James J Scherer 12-19-66 Date Daytime Phone # _____

MAR 15 2007