

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90079 006 \*\*\*150.00

**DOCUMENT # P05000018544**



1. Entity Name  
**CUSTOM GROUNDS COMPLETE LAWN SERVICE, INC.**

Principal Place of Business

**93 MILDRED DR  
SUITE C  
FORT MYERS, FL 33901**

Mailing Address

**93 MILDRED DR  
SUITE C  
FORT MYERS, FL 33901**

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

**3550 Work Dr.**

Suite, Apt. #, etc.

**B-4**

City & State

**Fort Myers, FL**

Zip

**33916**

Country

**LISA**

3. Mailing Address

**3550 Work Dr.**

Suite, Apt. #, etc.

**B-4**

City & State

**Fort Myers**

Zip

**FL**

Country

**LISA**

01162008

Chg-P

CR2E034 (12/06)

4. FEI Number

**77-0604134-68-0602128**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HILL, THOMAS W  
1318 LAFAYETTE ST  
CAPE CORAL, FL 33904**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **ADORNO, LOUIS**  
STREET ADDRESS **16520 S. TAMiami TRAIL #18-131**  
CITY-STATE-ZIP **FORT MYERS, FL 33908**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **Adorno, Louis**  
STREET ADDRESS **3550 Work Dr. B-4**  
CITY-STATE-ZIP **Ft. Myers, FL 33916**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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 or other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40008121

We have not used #77-0604134  
since 2005. Copy of IRS Letter  
attached.

---



PHILADELPHIA PA 19255-0038

*See*  
In reply refer to: 0533645669  
Feb. 28, 2005 LTR 147C  
68-0602128 000000 00 000  
01973  
BODC: SB

CUSTOM GROUNDS LAWN SERVICE INC  
16520 S TAMiami TRL 18-131  
FT MYERS FL 33912

ATTACHMENT

40008121

Employer Identification Number: 68-0602128

Dear Taxpayer:

We received your request dated Feb. 16, 2005, Form SS-4 Application for Employer Identification Number.

Your Employer Identification Number (EIN) is 68-0602128. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

Your Form SS-4 indicates that your corporation desires to be treated as a Small Business Corporation. We have enclosed a Form 2553 Election by a Small Business Corporation. Please complete, sign, and return the form timely to the appropriate Service Center for consideration. You will receive a notification of the official determination.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

