

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000026495

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** CAVADAS LAWN & LANDSCAPING SERVICES INC

**Current Principal Place of Business:**

12618 HICKORY LAKE DR S.  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 350040  
JACKSONVILLE, FL 322350400

**New Mailing Address:**

**FEI Number:** 20-2694258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALLE, GABRIEL  
12618 HICKORY LAKE DR S.  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CALLE, GABRIEL  
Address: P.O. BOX 350040  
City-St-Zip: JACKSONVILLE, FL 322350040 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** GABRIEL CALLE

P

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date