

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90004 036 \*\*\*150.00

DOCUMENT # P05000029589

1. Entity Name  
TUFF-IT LAWN CARE SERVICES, INC.



40101011

Principal Place of Business  
13928 COUNTY RD. 109 D3  
LADY LAKE, FL 32159

Mailing Address  
13928 COUNTY RD. 109 D3  
LADY LAKE, FL 32159

2. Principal Place of Business

12299 SE 141st Ave Rd  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 396  
Suite, Apt. #, etc.



08092006

Chg-P

CR2E034 (11/05)

City & State  
Ocklawaha, FL

City & State  
Ocklawaha, FL

4. FEI Number  
20-2041221

Applied For  
Not Applicable

Zip  
32179

Country  
USA

Zip  
32183

Country  
USA

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

6. Name and Address of Current Registered Agent

ROBERTS, THOMAS W  
13928 COUNTY RD. 109 D3  
LADY LAKE, FL 32159

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12299 SE 141st Ave Rd

City

Ocklawaha

FL

32179

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 Thomas W. Roberts

(NOTE: Registered Agent signature required when reinstating)

DATE 8/10/2006

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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

TITLE D ☐ Delete  
NAME ROBERTS, THOMAS W  
STREET ADDRESS 13928 COUNTY RD. 109 D3  
CITY-ST-ZIP LADY LAKE, FL 32159

TITLE D ☐ Delete  
NAME ROBERTS, PATRICIA L  
STREET ADDRESS 13928 COUNTY RD. 109 D3  
CITY-ST-ZIP LADY LAKE, FL 32159

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME ROBERTS, THOMAS W  
STREET ADDRESS 12299 SE 141st Ave Rd  
CITY-ST-ZIP Ocklawaha, FL 32179

TITLE D ☒ Change ☐ Addition  
NAME ROBERTS, PATRICIA L  
STREET ADDRESS 12299 SE 141st Ave Rd  
CITY-ST-ZIP Ocklawaha, FL 32179

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas W. Roberts 8/10/06 352-391-9044