

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90249 030 \*\*\*150.00

|   |  |
|---|--|
| <b>DOCUMENT # P05000042856</b>                                |  |
| 1. Entity Name<br><b>CHARLES BELTRAMINI'S LAWN CARE, INC.</b> |  |



|  |  |
|--|--|
| Principal Place of Business<br><b>4048 DRISTOL AVENUE<br/>SPRING HILL, FL 34609 US</b> | Mailing Address<br><b>4048 DRISTOL AVENUE<br/>SPRING HILL, FL 34609 US</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

**66000975**

01062008 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2534213**

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

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>VIRGILIO, RAYMOND P<br/>7215 HIAWATHA PARKWAY<br/>SPRING HILL, FL 34606</b> |  |
|---|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   | 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 reappointing) DATE \_\_\_\_\_

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006: Fee will be \$350.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPS<br/>BELTRAMINI, CHARLES H<br/>4048 DRISTOL AVENUE<br/>SPRING HILL, FL 34609</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVPT<br/>BELTRAMINI, SUSAN E<br/>4048 DRISTOL AVENUE<br/>SPRING HILL, FL 34609</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

SIGNATURE: Susan E. Beltramini Susan E. Beltramini 1/11/06 (352) 686-6168  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT  
66000975

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2006

CHARLES BELTRAMINI'S LAWN CARE, INC.  
4048 DRISTOL AVENUE  
SPRING HILL, FL 34609 US

Subject: CHARLES BELTRAMINI'S LAWN CARE, INC.

Reference Number: P05000042856

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION