

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000050468

1. Entity Name

BULLS EYE LAWN CARE SERVICE INC.



Principal Place of Business

2216 MICHELLE DR
AUBURNDAL, FL 33823

Mailing Address

2216 MICHELLE DR
AUBURNDAL, FL 33823



08132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2628547

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FETTERMAN, TODD
2216 MICHELLE DR
AUBURNDAL, FL 33823

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IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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 P
NAME FETTERMAN, TODD
STREET ADDRESS 2216 MICHELLE DR
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE V
NAME FETTERMAN, MARLENE
STREET ADDRESS 2216 MICHELLE DR
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE D
NAME FETTERMAN, DUSTIN
STREET ADDRESS 2216 MICHELLE DR
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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08/17/07-80002-010 150.00

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IN THIS SPACE**

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: *Todd Fetterman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-07 *863-660-9645*
Date Daytime Phone #