

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000073041

1. Entity Name

CURB TO HOME APPEAL LAWN MAINTENANCE, INC.



Principal Place of Business

**1131 CATHY TRIPP LANE
JACKSONVILLE, FL 32220**

Mailing Address

**1131 CATHY TRIPP LANE
JACKSONVILLE, FL 32220**

DO NOT WRITE IN THIS SPACE



08282007 No Chg-P CR2E034 (11/05)

4. FEI Number

20-2855702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FORDHAM, SCOTT B
1241 S MCDUFF AVE
JACKSONVILLE, FL 32205**

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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)

U000000773101

08/30/07-80004-024 150.00

**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 KAUFFMANN, THOMAS M
STREET ADDRESS 1131 CATHY TRIPP LANE
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE VP
NAME LENOX, STEVEN K
STREET ADDRESS 1269 LAKESHORE BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/28/07