

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

06 SEP 19 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07062006 Chg-P CR2E034 (11/05)

4. FEI Number **851682276** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YOUNG, MARGUERITE
3806 AVENUE S
FORT PIERCE, FL 34947

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 **Marguerite Young (President)** **Marguerite Young** **9-14-06**
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 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	P	<input type="checkbox"/> Delete
NAME	YOUNG, MARGUERITE	
STREET ADDRESS	3806 AVENUE S	
CITY-ST-ZIP	FORT PIERCE, FL 34947	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YOUNG, DOUGLAS	
STREET ADDRESS	3006 CARVER STREET	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	RICHARDSON, SHAREKA D	
STREET ADDRESS	3806 AVENUE S	
CITY-ST-ZIP	FORT PIERCE, FL 34947	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500080091235	
STREET ADDRESS	09/22/06--01048--011 **158.75	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Marguerite Young (President)** **9-14-06 (772)940-4442**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

2C 9/21

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9/14/06

Dear Sir:

I'm asking for a waiver fee
because, I didn't receive
the notice to file the
annual report document #

P05000086549 for D+M Lawn

Maintenance Services, Inc. in January, 2006.

3806 Avenue S

Ft. Pierce, FL 34947

Thanks,

Marguerite Young