
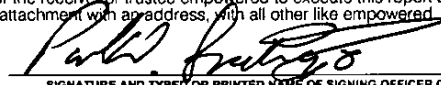


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90264 048 ***150.00

DOCUMENT # P05000103223 1. Entity Name ALLIANCE LAWN CARE SERVICE, INC.					
Principal Place of Business 2295 19TH AVENUE SW VERO BEACH, FL 32962			Mailing Address 2295 19TH AVENUE SW VERO BEACH, FL 32962		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3191348	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTIAGO, PAUL D 2295 19TH AVENUE SW VERO BEACH, FL 32962				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTIAGO, PAUL D 2295 19TH AVENUE SW VERO BEACH, FL 32962	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTIAGO, BEATRIZ I 2295 19TH AVENUE SW VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:  4/19/07 792-633-7090					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40077527



04192007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3191348

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANTIAGO, PAUL D
2295 19TH AVENUE SW
VERO BEACH, FL 32962**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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**FILE NOW!!! FEE IS \$150.00
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10. OFFICERS AND DIRECTORS

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CITY-ST-ZIP

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SANTIAGO, PAUL D
2295 19TH AVENUE SW
VERO BEACH, FL 32962

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
SANTIAGO, BEATRIZ I
2295 19TH AVENUE SW
VERO BEACH, FL 32962

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:  4/19/07 792-633-7090

Date Daytime Phone #