

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 11, 2007 08:00 AM  
Secretary of State

DOCUMENT # P05000111575

1. Entity Name

QUALITY LAWN CARE AND MAINTENANCE INC.



Principal Place of Business

917 LAKE CHARLES CR.  
LUTZ, FL 33548 US

Mailing Address

917 LAKE CHARLES CR.  
LUTZ, FL 33548 US



05092007

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

11-3756922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARNO, ANDREW  
917 LAKE CHARLES CR.  
LUTZ, FL 33548

**DO NOT WRITE  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIR  
BARNO, ANDREW  
917 LAKE CHARLES CR.  
LUTZ, FL 33548

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
BARNO, AMY  
917 LAKE CHARLES CR.  
LUTZ, FL 33548

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC  
BARNO, ANDREW  
917 LAKE CHARLES CR.  
LUTZ, FL 33548

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BARNO, ANDREW  
917 LAKE CHARLES CR.  
LUTZ, FL 33548

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREA  
BARNO, ANDREW  
917 LAKE CHARLES CR.  
LUTZ, FL 33548

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000763618  
05/30/07-80018-001 158.75

**DO NOT WRITE  
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

5-9-07

813-363-9398

Date

Daytime Phone #