

# PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90470 001 \*\*\*150.00  
04-24-2006 90470 002 \*\*\*\*\*8.75

DOCUMENT # P05000112561



Entity Name

GRASSHOPPER'S LAWN CARE & GROUNDS  
MAINTENANCE, INC.

Principal Place of Business

320 6TH AVE  
LABELLE FL 33935

Mailing Address

320 6TH AVE  
LABELLE FL 33935

66011265



2. Principal Place of Business

200 Euclid Place

Suite, Apt. #, etc.

3. Mailing Address

PO Box 56

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

LaBelle FL

City & State

LaBelle FL

4. FEI Number

20-3304676

Applied For

Not Applicable

Zip

33935

Country

Hendry

Zip

33935

Country

Hendry

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARBRY, SONNY B  
320 6TH AVE  
LABELLE FL 33935

7. Name and Address of New Registered Agent

Name

Sonny Bill Marbry

Street Address (P.O. Box Number is Not Acceptable)

200 Euclid Place

City

LaBelle

FL

Zip Code

33935

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

Sonny Bill Marbry

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

03/31/06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME MARBRY, SONNY B  
STREET ADDRESS 320 6TH AVE  
CITY-ST-ZIP LABELLE FL 33935

TITLE D ☐ Delete  
NAME PEQUENO, MARISOL  
STREET ADDRESS 320 6TH AVE  
CITY-ST-ZIP LABELLE FL 33935

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME Marbry, Sonny Bill  
STREET ADDRESS 200 Euclid Place  
CITY-ST-ZIP LABELLE FL 33935

TITLE D ☒ Change ☐ Addition  
NAME Pequeno, Marisol  
STREET ADDRESS 200 Euclid Place  
CITY-ST-ZIP LABELLE FL 33935

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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

03/31/06 (863) 675-8618

Date

Daytime Phone #