

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90050 034 \*\*\*158.75

DOCUMENT # P05000112561

1. Entity Name

GRASSHOPPER'S LAWN CARE & GROUNDS  
MAINTENANCE, INC.



Principal Place of Business

200 EUCLID PLACE  
LABELLE FL 33935

Mailing Address

PO BOX 56  
LABELLE FL 33975

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 20-3304676

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARBRY, SONNY B  
200 EUCLID PLACE  
LABELLE FL 33935

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

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**  
**After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MARBRY, SONNY B  
200 EUCLID PLACE  
LABELLE FL 33935 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
PEQUENO, MARISOL  
200 EUCLID PLACE  
LABELLE FL 33935 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
Marbry, Marisol  
200 Euclid PLACE  
LA Belle FL 33935 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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

1/31/07

Date

863-675-8618

Daytime Phone #

ATTACHMENT  
40012041  
#P05000112561

Certified to be a true and  
correct copy of the original.

Barbara S. Butler  
Clerk/Circuit Court  
Hendry County Florida

By: *[Signature]*  
Deputy Clerk

Date: 12/19/06

Department of Health • Vital Statistics  
**STATE OF FLORIDA**  
**MARRIAGE RECORD**  
TYPE IN UPPER CASE  
USE BLACK INK

This document not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

FL 9904797 B 584 P 527  
CO: HENDRY ST: FL

CHRISTINE PRATT CLERK  
CO: HENDRY ST: FL

FILED AND RECORDED  
DT 04/27/1999 TIME 11:24

199-59  
(APPLICATION NUMBER)

| APPLICATION TO MARRY  |  |  |   |
|---|--|--|---|
| 1. GROOM'S NAME (First, Middle, Last)<br><b>Sonny Bill Marbury</b>  |  | 2. DATE OF BIRTH (Month, Day, Year)<br><b>May 31, 1975</b>                       |   |
| 3a. RESIDENCE - CITY, TOWN, OR LOCATION<br><b>LaBelle</b>   | 3b. COUNTY<br><b>Hendry</b>                      | 3c. STATE<br><b>Florida</b>  | 4. BIRTHPLACE (State or Foreign Country)<br><b>Florida</b>  |
| 5a. BRIDE'S NAME (First, Middle, Last)<br><b>Marisol Figueroa</b>   |  | 5b. MAIDEN SURNAME (if different)  | 6. DATE OF BIRTH (Month, Day, Year)<br><b>June 23, 1975</b> |
| 7a. RESIDENCE - CITY, TOWN, OR LOCATION<br><b>LaBelle</b>   | 7b. COUNTY<br><b>Hendry</b>                      | 7c. STATE<br><b>Florida</b>  | 8. BIRTHPLACE (State or Foreign Country)<br><b>Michigan</b> |
| I, THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR MYSELF OR MYSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.  |  |  |   |
| 9. SIGNATURE OF GROOM (Sign and name using black ink)<br><i>[Signature]</i>   |  | 10. SIGNED AND KNOWN TO BEFORE ME ON (DATE)<br><b>April 14, 1999</b>             |   |
| 11. TITLE OF OFFICIAL<br><b>Deputy Clerk</b>  |  | 12. SIGNATURE OF OFFICIAL (Use black ink)<br><i>[Signature]</i>                  |   |
| 13. SIGNATURE OF BRIDE (Sign and name using black ink)<br><i>[Signature]</i>  |  | 14. SIGNED AND KNOWN TO BEFORE ME ON (DATE)<br><b>April 14, 1999</b>             |   |
| 15. TITLE OF OFFICIAL<br><b>Deputy Clerk</b>  |  | 16. SIGNATURE OF OFFICIAL (Use black ink)<br><i>[Signature]</i>                  |   |
| LICENSE TO MARRY  |  |  |   |
| AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID. |  |  |   |
| 17. COUNTY ISSUING LICENSE<br><b>Hendry</b>   | 18. DATE LICENSE ISSUED<br><b>April 14, 1999</b> | 19. DATE LICENSE EFFECTIVE<br><b>April 19, 1999</b>                              | 20. EXPIRATION DATE<br><b>June 19, 1999</b>                 |
| 21. SIGNATURE OF COUNTY CLERK OR JUDGE<br><i>[Signature]</i>  |  | 22. TITLE<br><b>Clerk of Circuit Court</b>                                       | 23. BY D.C.<br><i>[Signature]</i>                           |
| CERTIFICATE OF MARRIAGE   |  |  |   |
| I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.  |  |  |   |
| 24. DATE OF MARRIAGE (Month, Day, Year)<br><b>April 24, 1999</b>  |  | 25. CITY, TOWN, OR LOCATION OF MARRIAGE<br><b>LaBelle, FL</b>                    |   |
| 26. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)<br><i>[Signature]</i>   |  | 27. ADDRESS (Of person performing ceremony)<br><b>3429 SW 11th Ave, FL 33591</b> |   |
| 28. NAME AND TITLE OF PERSON PERFORMING CEREMONY<br><b>James Barnett<br/>Commission # FC 783761<br/>Expires NOV 6, 2002<br/>FORGED THRU</b>   |  | 29. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)<br><i>[Signature]</i>       |   |
| 30. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)<br><i>[Signature]</i>  |  | 31. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)<br><i>[Signature]</i>       |   |