


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90081 032 \*\*\*150.00

<b>DOCUMENT # P05000113139</b>	
1. Entity Name <b>CLERMONT LAWN CARE, INC.</b>	

Principal Place of Business <b>13205 PALMER DR CLERMONT, FL 34711</b>	Mailing Address <b>13205 PALMER DR CLERMONT, FL 34711</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40004410



03202007 Chg-P CR2E034 (12/06)

4. FEI Number <b>06-1753998</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LEWIS, LEONDER 13205 PALMER DR CLERMONT, FL 34711</b>	
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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, LEONDER 13205 PALMER DR CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, PAMELA 13205 PALMER DR CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **4-4-07 352-394-5162**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

ED HAVILL  
LAKE COUNTY PROPERTY APPRAISER  
P.O. BOX 1027  
TAVARES, FL 32778-1027

40054443  
#P05000113139

INTU

Tangible Personal Property Tax Return  
Confidential Section 193.074 F.S.  
As Required by Section 193.052 and 193.062 F.S. Return to  
County Property Appraiser By April 1 to Avoid Penalties  
State of Florida, County of LAKE 2007

Business Name (DBA — Doing Business As) and Mailing Address

CLERMONT LAWN CARE, INC  
13205 PALMER DRIVE  
CLERMONT, FL 34711-9388

ACCT #: 74123

Federal Employer ID Number

06-1753998

Social Security Number

NAICS/SIC 812990

If name and address is incorrect make necessary corrections

This return subject to audit with all records kept by you.  
Incomplete entries are subject to penalties.

- 1 Please give name and telephone number of Owner or Person in charge of this Business.

Name LEONDER LEWIS

Telephone 352-536-1212

Corporate Name SAME

- 2 Actual Physical Location of Property for Which this Return is Filed

(Street Address — Not P.O. Box)

13205 PALMER DR

- 3 Is your business or farm located within the incorporated limits of a City? Yes ☒ No ☐

What City? CLERMONT

- 4 Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes ☐ No ☒

Please Show name Exactly as it Appeared on Your most recent  
Personal Property Tax Bill or Other Current Tax Return.

- 5 Date you began business in this county: 8/15/2005  
Fiscal year: 12

- 5a Although my fiscal year ended prior to December 31 of the past calendar year, this return reflects property additions and deletions through December 31. Yes ☐ No ☒

- 6 Describe Type or Nature of Your Business:

LAWN CARE

- 7 Trade Level (Check as many as apply)

Retail ☐Wholesale ☐Manufacturing ☐Professional ☐Service ☒Agriculture ☐Leasing/Rental ☐Other ☐

- 8 Did you file a Tangible Personal Property Return in this county last Year? Yes ☐ No ☒

If so, under what name and where?

- 9 Former owner of the Business: PETER G MURRAY

- 9a If Business sold, to whom?

Date Sold

## Personal Property Summary

THIS IS A SUMMARY SCHEDULE ONLY. The Schedules on the REVERSE SIDE must be completed in detail and TOTALS entered below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE showing Original Cost and Date of Acquisition.

Taxpayer's Estimate of Fair Market Value

Original Installed Cost

Appraiser's Use only

10	Office Furniture and Office Machines and Library		
11	EDP Equipment, Computers, Word Processors		
12	Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc		
13	Machinery and Manufacturing Equipment	7,645.	12,487.
14	Farm, Grove, and Dairy Equipment		
15	Professional, Medical, Dental and Laboratory Equipment		
16	Hotel, Motel, and Apartment Complex		
16a	Rental Units — Stove, Refrigerator, Furniture, Drapes and Appliances		
17	Mobile Home Attachments (Carport, Utility Building, Cabana, Porch, Etc)		
18	Service Station and Bulk Plant Equipment — Underground Tanks, Lifts, Tools		
19	Signs — Billboard, Pole, Wall, Portable, Directional, Etc		
20	Leasehold improvements must be grouped by type, year of installation and description.		
21	Pollution Control Equipment		
22	Equipment owned by you but rented, leased or held by others		
23	Supplies — Not Held for Resale		
24	Other — Please Specify		
TOTAL PERSONAL PROPERTY		7,645.	12,487.

Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.

DATE 07 TITLE

SIGNED

SIGNED H.J. GREENLEE, JR, CPA

(PREPARED)

ADDRESS 605 MONTROSE STREET  
CLERMONT FL 34711

PHONE NO. 352-394-3256

PREPARED'S ID NO. 261-50-1491

LESS EXEMPTION:

WIDOW ☐WIDOWER ☐BLIND ☐TOTAL DISABILITY ☐OTHER ☐

Taxable value

Deputy

Penalty

Please sign and date your return, send the original to the county appraiser's office by April 1, unsigned returns cannot be accepted by the appraiser's office.

Notice: If you are entitled to a widow's, widower's or disability exemption on personal property (not already claimed on real estate) consult appraiser.

GREENLEE, KURRAS, RICE &amp; BROWN, PA CPA'S

**Tangible Personal Property Tax Schedules (Enter Totals on Page 1)**

**ASSETS PHYSICALLY REMOVED DURING LAST YEAR**

Property fully depreciated but continuing in service must be reported on the schedules below.

Retired, Sold, Traded, Etc.

DESCRIPTION	AGE	YEAR ACQUIRED	TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	ORIGINAL INSTALLED COST	

**LEASED, LOANED, AND RENTED EQUIPMENT** – Please complete if you hold equipment belonging to others.

NAME AND ADDRESS OF OWNER OR LESSOR	DESCRIPTION	YEAR ACQUIRED	YEAR OF MFG	RENT PER MONTH	RETAIL INSTALLED COST NEW	LEASE PURCHASE OPTION YES NO

LINE 13 Enter Applicable Line Number (10-24) From Page 1

DESCRIPTION OF ITEM	AGE	YEAR PURCHASED	TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	TAXPAYER'S ESTIMATE OF Condition			ORIGINAL INSTALLED COST	APPRAISER'S USE ONLY	
				G O O D	A V G	P O O R		Condition	
8 FT TRAILER	1	2005	307.		X		500.		
STIHL WEED EATER	1	2005	122.		X		200.		
BLOWER BR 400	1	2005	184.		X		300.		
STIHL BACK PACK	1	2005	145.		X		237.		
STIHL EDGER	1	2005	153.		X		250.		
WALKER MOWER (DIESEL)	1	2005	6,734.		X		11,000.		

Enter TOTALS on Pg 1—Continue on Separate Sheet if Necessary 7,645. 12,487.

LINE Enter Applicable Line Number (10-24) From Page 1

DESCRIPTION OF ITEM	AGE								

Enter TOTALS on Pg 1—Continue on Separate Sheet if Necessary

LINE Enter Applicable Line Number (10-24) From Page 1

DESCRIPTION OF ITEM	AGE								

Enter TOTALS on Pg 1—Continue on Separate Sheet if Necessary

LINE 22 EQUIPMENT OWNED BY YOU BUT RENTED, LEASED, OR HELD BY OTHERS

LEASE NUMBER	NAME/ADDRESS OF LESSEE ACTUAL PHYSICAL LOCATION	DESCRIPTION	AGE	YEAR PURCHASED	RENT PER MONTH	TERM	TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE	TAXPAYER'S ESTIMATE OF Condition	RETAIL INSTALLED COST NEW
								G O O D A V G P O O R	