

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000130292

1. Entity Name
LAWN TIGERS, INC.



**FILED
Jan 17, 2006 8:00 am
Secretary of State**

01-17-2006 90226 026 ***150.00

60001625



01132006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3588669	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BRINO, SAL
12493 EQUINE LANE
WELLINGTON, FL 33414

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: BRINO, SAL
STREET ADDRESS: 12493 EQUINE LANE
CITY-ST-ZIP: WELLINGTON, FL 33414

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP:

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CITY-ST-ZIP:

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STREET ADDRESS	CITY-ST-ZIP	

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:

5AL BRINO

-PRESIDENT-

1-14-06

(561) 281-7814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #