

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # **705000143007**

1. Entity Name
GROUNDS MASTER OF S.W.F. INC
15830 JONES ROAD
FORT MYERS, FL 33917-2545



FILED

06 SEP -7 PM 2:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country
LEE

4. FEI Number
90-0260209

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

CR2E034B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MAURICE K. MACON**

Street Address (P.O. Box Number is Not Acceptable)
15830 JONES ROAD

City **FORT MYERS,**

FL

Zip Code
33917

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	MAURICE K. MACON PRES. 15830 JONES ROAD FT.MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200080038222 09/21/06--01052--003 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LISA L.MACON VP 15830 JONES ROAD FT.MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

09/05/06

543-1957

Date

Daytime Phone #