

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000164411

1. Entity Name
SULA LAWN MAINTENANCE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 18 AM 10:19

Principal Place of Business

4083 NEW MOON COURT
NAPLES, FL 34112

Mailing Address

4083 NEW MOON COURT
NAPLES, FL 34112



09102007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3836369

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NICACIO, MARLYN G
4083 NEW MOON COURT
NAPLES, FL 34112

**DO NOT WRITE
IN THIS SPACE**

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

800109532338
09/18/07--01064--001 **750.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME NICACIO, MARLYN G
STREET ADDRESS 4083 NEW MOON COURT
CITY-ST-ZIP NAPLES, FL 34112

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IN THIS SPACE**

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:

M. K. Nicacio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/13/07
Date

(239) 4178163
Daytime Phone #