

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P06000015159

1. Entity Name

AROUND THE HOUSE LAWN MAINTENANCE &
SERVICES, INC.



Principal Place of Business

5736-99TH AVE E.
PARRISH, FL 34219 US

Mailing Address

5736-99TH AVE E.
PARRISH, FL 34219 US



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-4254893

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

SAMS, LAURIE B ESQUIRE
2815 PROCTOR ROAD
SARASOTA, FL 34231

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000983680
04/17/08-80013-015 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME ANDERSON, PAUL M
STREET ADDRESS 5736-99TH AVE E
CITY-ST-ZIP PARRISH, FL 34219

TITLE VPTS
NAME ANDERSON, AMNEH
STREET ADDRESS 5736-99TH AVE E
CITY-ST-ZIP PARRISH, FL 34219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08

Date

194116855886

Daytime Phone #