

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90042 011 ***150.00

DOCUMENT # P06000030408 1. Entity Name VARGAS LAWN SPECIALISTS, INC.					
Principal Place of Business 3342 MONICA PKWY. SARASOTA, FL 34235			Mailing Address 3342 MONICA PKWY. SARASOTA, FL 34235		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BELHOUCBAT, MARY 3934 TROPICAIRES BLVD. N. PORT, FL 34286-7116			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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when is not state)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD VARGAS-GUTIERREZ, MOISES 3342 MONICA PKWY. SARASOTA, FL 34235	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD VARGAS-GUTIERREZ, NOE 3342 MONICA PKWY. SARASOTA, FL 34235	☐ Delete			
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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: <i>Noe Vargas</i>		Noe Vargas-Gutierrez		04/12/2007 941-951.0892	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Business Phone #	

