

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90031 005 ***150.00

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1. Entity Name

BMAC LAWN CARE SERVICES CORPORATION



Principal Place of Business

1140 MARY FRANCES DRIVE
KISSIMMEE FL 34741

Mailing Address

1140 MARY FRANCES DRIVE
KISSIMMEE FL 34741



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1791094

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

VILLAMIL, NANCY
3501 W VINE STREET
SUITE 290
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name: Miguel Calderon

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

1140 Mary Frances Dr.

City Kissimmee

FL

Zip Code 34741

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

Miguel Calderon

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8-18-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

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 P
NAME CALDERON, MIGUEL A ☐ Delete
STREET ADDRESS 1140 MARY FRANCES DRIVE
CITY- ST- ZIP KISSIMMEE FL 34741

TITLE VP
NAME CURBELO, BRENDA I ☐ Delete
STREET ADDRESS 1140 MARY FRANCES DRIVE
CITY- ST- ZIP KISSIMMEE FL 34741

TITLE S
NAME CALDERON, MIGUEL A ☐ Delete
STREET ADDRESS 1140 MARY FRANCES DRIVE
CITY- ST- ZIP KISSIMMEE FL 34741

TITLE T
NAME CURBELO, BRENDA I ☐ Delete
STREET ADDRESS 1140 MARY FRANCES DRIVE
CITY- ST- ZIP KISSIMMEE FL 34741

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Miguel Calderon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-07

Date

407-873-8970

County Phone #