

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90042 025 ***150.00

DOCUMENT # P06000140010

1. Entity Name

TOWN N COUNTRY LAWN CARE INCORPORATED



Principal Place of Business

4823 SIERRA MADRE DR
TAMPA FL 33634-6254
US

Mailing Address

4823 SIERRA MADRE DR
TAMPA FL 33634-6254
US



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

3. Mailing Address

BEN ZIMMER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 18072

City & State

City & State

TAMPA FL

Zip

Country

Zip

Country

33679-8072

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-5831719

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIMMER, BEN F III
1924 W. ORIENT ST
TAMPA FL 33607-6539

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 reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CLARK, FRED J
STREET ADDRESS 4823 SIERRA MADRE DR
CITY - ST - ZIP TAMPA FL 33634-6254 ☐ Delete

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

TITLE VP
NAME CLARK, DONNA M
STREET ADDRESS 4823 SIERRA MADRE DR
CITY - ST - ZIP TAMPA FL 33634-6254 ☐ Delete

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

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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: *Frederick J. Clark II* FRED J. CLARK PRES 1-27-07 8138763143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #