

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90216 036 \*\*\*150.00

DOCUMENT # P07000001567

1. Entity Name  
VIC HENSLEY LAWN CARE INC.



Principal Place of Business  
590 NW KILPATRICK AVE  
PORT SAINT LUCIE, FL 34983

Mailing Address  
590 NW KILPATRICK AVE  
PORT SAINT LUCIE, FL 34983

40071400



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

590 N.W. Kilpatrick Ave  
Suite, Apt. #, etc  
House

3. Mailing Address

Same  
Suite, Apt. #, etc  
Same

03122007 Chg-P

CR2E034 (12/06)

City & State  
Port St. Lucie, FL

City & State  
Same

4. FEI Number  
20-8160134

Applied For  
Not Applicable

Zip  
34983

Country  
St. Lucie

Zip  
Same

Country  
Same

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

6. Name and Address of Current Registered Agent

YOUNG, DONALD R  
590 NW KILPATRICK AVE  
PORT SAINT LUCIE, FL 34983

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

*Donald R. Young P*

4-5-07

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**

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  
P  
YOUNG, DONALD R  
590 NW KILPATRICK AVE  
PORT SAINT LUCIE, FL 34983 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
HENSLEY, VICTOR P  
511 PALMETTO DR  
FORT PIERCE, FL 34982 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Delete

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

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 live empowered.

SIGNATURE:

*Donald R. Young P*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DIRECTOR

Date

Daytime Phone #