

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P11000083383

1. Entity Name
GRASS DANCERS LAWN SERVICE OF BIG CYPRESS,
INC.



Principal Place of Business
30290 JOSIE BILLIE HIGHWAY, PMB 190
CLEWISTON, FL 33440

Mailing Address
30290 JOSIE BILLIE HIGHWAY, PMB 190
CLEWISTON, FL 33440

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

05032012

Chg-P

CR2E034 (12/11)

4. FEI Number

45-345 7145

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSCEOLA, MARCUS J
30290 JOSIE BILLIE HIGHWAY, PMB 190
CLEWISTON, FL 33440

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 28, 2012**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DPVS
OSCEOLA, MARCUS J
30290 JOSIE BILLIE HIGHWAY, PMB 190
CLEWISTON, FL 33440

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
300235356253
05/21/12--01004--006 ***150.00

TITLE
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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:

Marcus Osceola

5-16-12

WWW.GRASSDANCLERS@yahoo.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS