2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000028516

1. Entity Name
SABETTE COMPLETE LAWN SERVICE INC.

Principal Place of Business	Mailing Address
PO BOX 938452	PO BOX 938452
MARGATE, FL 33093 US	MARGATE, FL 33093 US

DO NOT WRITE IN THIS SPACE

01232006   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0488473

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SABETTE, ANTHONY J
5002 MALLARDS CT
COCONUT CREEK, FL 33073

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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, 2006 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	SABETTE, ANTHONY J
STREET ADDRESS	5002 MALLARD CT
CITY-ST-ZIP	COCONUT CREEK, FL 33073

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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02/08/06-80073-014 150.00

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IN THIS SPACE

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: _Anthony J Sabette_   1-24-06   954-725-8511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #