

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90039 018 ***150.00

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1. Entity Name

RALPH'S LAWN MOWER SALES AND SERVICE, INC.



Principal Place of Business

**316 DIXIE HWY.
AUBURNDALE FL 33823**

Mailing Address

**316 DIXIE HWY.
AUBURNDALE FL 33823**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3288792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOWELL, RALPH
316 DIXIE HWY.
AUBURNDALE FL 33823**

7. Name and Address of New Registered Agent

Name **Howell Jimmy**

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

1248 Keystone Ct

City **Auburndale**

FL

Zip Code **33823**

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, 2005 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 **D** ☒ Delete
NAME **FOREHAND, JOY M**
STREET ADDRESS **2937 OLD DIXIE HWY.**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **D** ☒ Delete
NAME **MUSTAIN, MARSHA**
STREET ADDRESS **212 DENISE LANE**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **D** ☒ Delete
NAME **WATWOOD, GLENDA**
STREET ADDRESS **1264 KEYSTONE CT.**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **P** ☐ Delete
NAME **HOWELL, JIMMY**
STREET ADDRESS **1248 KEYSTONE COURT**
CITY-ST-ZIP **AUBURNDALE FL**

TITLE **S** ☒ Delete
NAME **HOWELL, RALPH**
STREET ADDRESS **225 DENESE LN.**
CITY-ST-ZIP **AUBURNDALE FL**

TITLE **D** ☒ Delete
NAME **HOWELL, WINNIE**
STREET ADDRESS **225 DENESE LN**
CITY-ST-ZIP **AUBURNDALE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition
NAME **Howell, Wayne**
STREET ADDRESS **306 Grimes Dr**
CITY-ST-ZIP **Auburndale FL 33823**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 exemption stated in Section 119.07(3)(i), 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:

Jimmy Howell **Jimmy Howell**

Date

Daytime Phone #