

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000019939

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: GREEN ACRES LAWN & YARD MAINTENANCE, INC.

## Current Principal Place of Business:

1020 PARTRIDGE CIRCLE  
202  
NAPLES, FL 341048824 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 7549  
NAPLES, FL 341017549 US

## New Mailing Address:

FEI Number: 65-0562601      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KUBISCSEK, JACQUELYN  
1020 PARTRIDGE CIRCLE  
202  
NAPLES, FL 341048824 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KUBICSEK, STEPHEN M  
Address: 1020 PARTRIDGE CIRCLE 202  
City-St-Zip: NAPLES, FL 341048824

Title: VP ( ) Delete  
Name: KUBICSEK, MARK  
Address: 50 WILLOW DR  
City-St-Zip: NAPLES, FL 34110

Title: S ( ) Delete  
Name: KUBICSEK, JOHN  
Address: 2791 24TH AVE SE  
City-St-Zip: NAPLES, FL 34117

Title: CEO ( ) Delete  
Name: KUBICSEK, JACQUELYN  
Address: 1020 PARTRIDGE CIRCLE, #202  
City-St-Zip: NAPLES, FL 341048824 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: KUBICSEK, MARK  
Address: 3415 47TH AVE. NE  
City-St-Zip: NAPLES, FL 34120

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELYN KUBICSEK

CEO

04/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date