

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90030 021 ***150.00

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1. Entity Name---

CC&A LAWN CARE, INC.



Principal Place of Business

1142 NORTHCREST DR
APOPKA FL 32703

Mailing Address

PO BOX 927
APOPKA FL 32704

2. Principal Place of Business

59 West Violet Lane
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1288
DeFuniak Springs, FL 32435
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

DeFuniak Springs, FL

Zip
32435

Country
U.S.A.

City & State

DeFuniak Springs, FL

Zip
32435

Country
U.S.A.

4. FEI Number

59-3339921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, LARRY C
2941 W ST RD 434
SUITE 100
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name Charles M. Nelson

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

59 West Violet Lane

City DeFuniak Springs

FL

Zip Code
32435

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

Charles M. Nelson

4-5-2004

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, 2004 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 NELSON, CHARLES
STREET ADDRESS 1142 NORTHCREST DR
CITY-ST-ZIP APOPKA FL 32703

TITLE PD ☐ Delete
NAME NELSON, ESTELA
STREET ADDRESS 1142 NORTHCREST DR
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: Charles M. Nelson Charles M. Nelson

4-5-2004

850-259-7320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #