

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90040 010 ***150.00

DOCUMENT # P96000078488

1. Entity Name
GREEN CAMP LAWN SERVICE, INC.



Principal Place of Business
**POST OFFICE BOX 4583
FORT LAUDERDALE, FL 33338**

Mailing Address
**POST OFFICE BOX 4583
FORT LAUDERDALE, FL 33338**

50032141



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0695976

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOSEPH K. NOFIL P.A.
3284 NORTH STATE RD 7
LAUDERDALE LANES, FL 33319**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
CARVALHO, EDIMILSON
P O BOX 4583 N/A
FT LAUDERDALE, FL 33338** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Edimilson Carvalho*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.20.05

Date

Daytime Phone #

Use black ink. Example A - Handwritten Example B - Typed

Florida Department of Revenue Employer's Quarterly Report

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

0123456789 0123456789

ATTACHMENT # 096000078488

UCT-6
R. 01/04

QUARTER ENDING 06/30/2004 DUE DATE 07/01/2004 PENALTY AFTER DATE 07/31/2004 TAX RATE .0270 UT ACCOUNT NUMBER 2467323-0



99999999999900680540310500015082300004

GREEN CAMP LAWN SERVICE, INC.
P.O. BOX 4583
FORT LAUDERDALE, FL 33338

Do not make any changes to the pre-printed information on this form. If changes are needed, complete the enclosed Employer Account Change Form (UCS-3).

F.E.I. NUMBER 650695976

FOR OFFICIAL USE ONLY POSTMARK DATE

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month.

1st Month 000,001
2nd Month 000,001
3rd Month 000,001

2. Gross Wages Paid This Quarter (Must be same as item 13)
3. Wages Paid This Quarter in Excess of \$7,000 Per Employee This Year
4. Taxable Wages For This Quarter (Item 2 minus item 3)
5. Tax Due (Multiply item 4 by Tax Rate)
6. Penalty Due (See instructions)
7. Interest Due (See instructions)
8. Total Amount Due Make check payable to: Florida U.C. Fund (if less than \$1.00 no remittance is necessary)

US Dollars Cents
000,000.00
000,000.00
000,000.00
000,000.00
000,000.00
000,000.00

Signature required on back

9. EMPLOYEE'S SOCIAL SECURITY NUMBER

10. EMPLOYEE'S NAME*
*please print first eleven characters of last name in boxes

11. EMPLOYEE'S GROSS WAGES PAID THIS QUARTER

592-25-4830

Last Name First Initial Middle Initial
CARVALHO E

US Dollars Cents
000,000.00
000,000.00
000,000.00

Use Reverse Side For Additional Employees and Signature.

12. Total Gross Wages This Page

13. Total Gross Wages All Pages (Must be same as Item 2 - Gross Wages)

DO NOT DETACH

Employer's Quarterly Report (UCT-6) Payment Coupon

UCT-6
R. 01/04

Florida Department of Revenue

COMPLETE and MAIL with your REPORT/PAYMENT.
Please write your ACCOUNT NUMBER on check.
Be sure to SIGN YOUR CHECK.
Make check payable to: Florida U.C. Fund

DOR USE ONLY

00/00/00
POSTMARK OR HAND DELIVERY DATE

UT ACCOUNT NO. 2467323-0

ENTER BUSINESS NAME:

GREEN CAMP LAWN SERVICE, INC.

AMOUNT ENCLOSED

US Dollars Cents
000,000.00

PAYMENT FOR QTR/YR

2-04

UCT-6

Check here if you transmitted funds electronically.

9999 9 99999999 0068054031 0 5000150823 0000 4