

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90070 035 ***150.00

DOCUMENT # P96000096939

1. Entity Name

**TOWN AND COUNTRY TREE TRIMMING AND LANDSCAPE
DESIGN, INC.**



Principal Place of Business

Mailing Address

**5243 PARISIENNE PLACE
SARASOTA FL 34238**

**5243 PARISIENNE PLACE
SARASOTA FL 34238**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0713730

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

**JACOBS, FREDERIC
13655 N BRANCH RD
SARASOTA FL 34240**

Name

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

5243 PARISIENNE PLACE

City

SARASOTA

FL

Zip Code

34238

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 **FREDRIC JACOBS**

Signature, typed or printed name of registered agent and title if applicable

[Handwritten Signature]

Registered Agent signature required when reinstating

1/24/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 **JACOBS, FREDERIC**
STREET ADDRESS **13655 N BRANCH RD**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **D** ☐ Delete
NAME **JACOBS, SHARON**
STREET ADDRESS **13655 N BRANCH RD**
CITY-ST-ZIP **SARASOTA FL 34240**

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 **5243 PARISIENNE PLACE**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **5243 PARISIENNE PLACE**
CITY-ST-ZIP **SARASOTA FL 34238**

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06

Date

941 378 8733

Daytime Phone #