

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000000331

1. Entity Name
LAWN TECH OF SARASOTA, INC.



FILED
Apr 27, 2005 08:00 AM
Secretary of State

Principal Place of Business
6465 KICKAPOO RD
SARASOTA, FL 34241 US

Mailing Address
P O BOX 19002
SARASOTA, FL 34276-2002 US



04242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3420008 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PREWETT, DANIEL L
5777 BENEVA RD S
SARASOTA, FL 34233

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IN THIS SPACE

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

TITLE D
NAME BRILLHART, ROBERT P
STREET ADDRESS 6465 KICKAPOO RD
CITY-ST-ZIP SARASOTA, FL 34241

TITLE D
NAME BRILLHART, TINA M
STREET ADDRESS 6465 KICKAPOO RD
CITY-ST-ZIP SARASOTA, FL 34241

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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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:

Robert Brillhart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05 941-921-219
Date Daytime Phone #