

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |                                       |                                                                                  |                                                                                                                                      |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>DOCUMENT # P97000016799</b><br>1. Entity Name<br><b>SOLA LAWN SERVICE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |                                       |                                                                                  |                                                    |                                                              |
| Principal Place of Business<br><b>211 N. NEW JERSEY AVE.<br/>TAMPA FL 33609</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |                                       | Mailing Address<br><b>BEN F ZIMMER III<br/>1924 ORIENT ST<br/>TAMPA FL 33607</b> |                                                                                                                                      |                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                               |                                       | 3. Mailing Address<br>Suite, Apt. #, etc.                                        |                                                                                                                                      |                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                               |                                       | City & State                                                                     |                                                                                                                                      |                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               | Country                               |                                                                                  | 4. FEI Number <b>59-3413631</b>                                                                                                      |                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                               | <b>\$8.75 Additional Fee Required</b> |                                                                                  |                                                                                                                                      |                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>ZIMMER, BEN<br/>1924 W ORIENT ST<br/>TAMPA FL 33607</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               |                                       |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               |                                       |                                                                                  |                                                                                                                                      |                                                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |                                       |                                                                                  | 9. Election Campaign Financing <b>\$5.00 May</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fee</b>            |                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                               |                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                            |                                                                                                                                      |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD<br>SOLA, STEVE<br>211 N NEW JERSEY AVE<br>TAMPA FL 33609  | <input type="checkbox"/> Delete       |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | U00000441805<br>03/03/06-80042-017 150.00                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>SOLA, PAUL R<br>211 N. NEW JERSEY AVE<br>TAMPA FL 33609 | <input type="checkbox"/> Delete       |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Delete       |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Delete       |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Delete       |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Delete       |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 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. |                                                               |                                       |                                                                                  |                                                                                                                                      |                                                              |
| <b>SIGNATURE: <u>Steve Sola</u> STEVE SOLA PRES 2-16-06 813 876 3143</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |                                       |                                                                                  |                                                                                                                                      |                                                              |