

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000044007

1. Entity Name
LAWN TECHS OF PANAMA CITY INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -7 PM 3:44

Principal Place of Business
3333 DOUGLAS ROAD
PANAMA CITY, FL 32405

Mailing Address
PO BOX 1296
LYNN HAVEN, FL 32444

DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3452168

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARBER, JOSHUA D
3333 DOUGLAS RD
PANAMA CITY, FL 32405

**DO NOT WRITE
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 *John D Barber*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	BARBER, JOSHUA D
STREET ADDRESS	3333 DOUGLAS ROAD
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	TD
NAME	BARBER, JOSHUA D
STREET ADDRESS	3333 DOUGLAS ROAD
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	S
NAME	BARBER, SONJA R
STREET ADDRESS	155 PELICAN WAY
CITY-ST-ZIP	PANAMA CITY, FL 32408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000129446250
05/14/08--01015--014 **350.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *John D Barber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/21/08

Daytime Phone #