

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90040 034 ***158.75

DOCUMENT # P97000044239

1. Entity Name

A TO Z LAWN CARE/LANDSCAPING, INC.



Principal Place of Business

2820 AVENUE OF THE AMERICAS
ENGLEWOOD FL 34224
US

Mailing Address

2820 AVENUE OF THE AMERICAS
ENGLEWOOD FL 34224
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0810727

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEGLIO, FRANK
7480 EBRO ROAD
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

Name DONNA M. Meglio

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

2120 Oyster Creek Drive

City Englewood

FL

Zip Code 34224

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

Donna M. Meglio, President

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

(NOTE: Registered Agent signature is required when reinstating)

DATE

1-19-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 | PD | <input type="checkbox"/> Delete |
| NAME | MEGLIO, DONNA M | |
| STREET ADDRESS | 2120 OYSTER CREEK DR | |
| CITY - ST - ZIP | ENGLEWOOD FL 34224 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

Donna Meglio Pres.

Date

Daytime Phone #

1-19-07 941-474-2554