

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000095862

1. Entity Name
CR LAWNS, INC.



Principal Place of Business

3028 SW 23RD PLACE
CAPE CORAL, FL 33914

Mailing Address

3028 SW 23RD PLACE
CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0804334

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LARROW, PAUL L
3501 DEL PRADO BLVD.
STE 312
CAPE CORAL, FL 33904

**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

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 DPT
NAME MCDONOUGH, THOMAS B
STREET ADDRESS 3028 SW 23RD PLACE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE DS
NAME MCDONOUGH, KATHY S
STREET ADDRESS 3028 SE 23RD PLACE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000237443
02/21/05-80059-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Thomas B McDonough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas B McDonough
Date

2-15-05

Daytime Phone #