


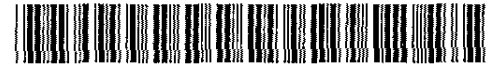
**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000010843	
1. Entity Name LARAMEE LAWN & TREE SERVICE, INC.	

Principal Place of Business 6860 GULFPORT BLVD S #149 SAINT PETERSBURG, FL 33707	Mailing Address 6860 GULFPORT BLVD S #149 SAINT PETERSBURG, FL 33707
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DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3489202	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LARAMEE, JAMES M
6860 GULFPORT BLVD., S., #149
ST. PETERSBURG, FL 33707**

**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 _____ DATE _____
Signature, typed or printed name of registered agent. DATE, Registered Agent signature required when reinstating.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$55**

In Financing ☐ **\$5.00** May Be
tribution. Added to Fees

10. OFFICERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS LARAMEE, JAMES M 6860 GULFPORT BLVD., S., #149 ST. PETERSBURG, FL 33707
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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: James M. Laramee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05 787 743 2360
Date City/State Phone #