

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000015676

1. Entity Name

V. GONZALEZ LAWN SERVICE, INC.



Principal Place of Business

3637 S.E. 2ND CT.  
BOYNTON BEACH, FL 33435

Mailing Address

3637 S.E. 2ND CT.  
BOYNTON BEACH, FL 33435



01122007

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0849095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ISABEL  
3637 S.E. 2ND CT.  
BOYNTON BEACH, FL 33435

**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

UD00000588364  
01/17/07-80070-008 150.00

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME GONZALEZ, ISABEL  
STREET ADDRESS 3637 S.E. 2ND CT.  
CITY- ST- ZIP BOYNTON BEACH, FL 33435

TITLE VPS  
NAME GONZALEZ, VIRGILIO  
STREET ADDRESS 3637 S.E. 2ND CT.  
CITY- ST- ZIP BOYNTON BEACH, FL 33435

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISABEL GONZALEZ

(01/12/07)

Date

(561) 736-6683

Daytime Phone #