

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90052 030 ***150.00

DOCUMENT # P98000028053

1. Entity Name
LAWN ENHANCEMENT SERVICES, INC.



Principal Place of Business
**5906 SW 103 ST RD
OCALA, FL 34476**

Mailing Address
**PO BOX 771389
OCALA, FL 34477-1389**

40096621



2. Principal Place of Business - No P.O. Box #
3395 SW 74TH AVE

3. Mailing Address

Suite, Apt. #, etc.
BLDG A UNIT 1

Suite, Apt. #, etc.

City & State
OCALA FL

City & State

Zip
34476

Country
USA

Zip

Country

04262007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3519459

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIS, KEITH K
5906 SW 103 ST RD
OCALA, FL 34476**

7. Name and Address of New Registered Agent

Name **JANOUSKY, STEVEN E**

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

City **OCALA**

FL

Zip Code
34472

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

Steven E Janousky
Steven E Janousky

President

X 4/28/07
DATE

Signature, typed or printed name of registered agent and its applicable

(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS, KEITH K 1236 NE 15 STREET OCALA, FL 34470	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JANOUSKY, STEVEN E 9 TEAK LANE OCALA, FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Steven E Janousky
Steven E Janousky

**STEVEN E JANOUSKY
PRESIDENT**

X 4/28/07
Date

(352)694-3630
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR