


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000055476	
1. Entity Name EXPRESS LAWN SERVICE, INC.	

Principal Place of Business 1866 CARLTON DRIVE CLEARWATER FL 33759	Mailing Address 1866 CARLTON DRIVE CLEARWATER FL 33759
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2. Principal Place of Business 1866 Carlton Dr. Suite, Apt. #, etc.	3. Mailing Address 1866 Carlton Dr. Clear. Fla Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State Clear FLA	City & State Clear-FLA
Zip 33759	Zip 33759
Country PINILAS	Country PINILAS

4. FEI Number 59-3518070	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VALZ, JOSEPH F 710 94TH AVENUE N SUITE 302 SAINT PETERSBURG FL 33702	
Name VALZ, JOSEPH F	
Street Address (P.O. Box Number is Not Acceptable) 710 94TH AVENUE N	
City SAINT PETERSBURG FL Zip Code 33702	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when removing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SOLIS, VICTOR 1806 CARLTON DR CLEARWATER FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/19/06-80064-001 150.00

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:  **VICTOR-SOLIS- 4-1-2006**