

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 02, 2005 08:00 AM-
Secretary of State**

DOCUMENT # P98000065848

1. Entity Name

BRIAN'S BETTER LAWNS & GARDENS, INC.



Principal Place of Business

12240 ORANGE RIVE BLVD.
FORT MYERS, FL 33905

Mailing Address

12240 ORANGE RIVE BLVD.
FORT MYERS, FL 33905



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0852400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLOY, GALE L
12240 ORANGE RIVER BLVD.
FORT MYERS, FL 33905

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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

U000000210836
02/02/05-80036-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MULLOY, PAT
STREET ADDRESS 12240 ORANGE RIVER BLVD.
CITY-ST-ZIP FORT MYERS, FL 33905

TITLE VD
NAME MULLOY, BRIAN
STREET ADDRESS 12240 ORANGE RIVER BLVD.
CITY-ST-ZIP FORT MYERS, FL 33905

TITLE STD
NAME MULLOY, GALE
STREET ADDRESS 12240 ORANGE RIVER BLVD.
CITY-ST-ZIP FORT MYERS, FL 33905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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:

Gale L. Mulloy GALE L. MULLOY 1/30/05 239-693-1347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #