

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000073254

1. Entity Name
LAFOUNTAIN'S MOW AMERICA, INC.



Principal Place of Business
18150 NE 19TH COURT
CITRA, FL 32113

Mailing Address
P.O. BOX 4
CITRA, FL 32113

DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3532088

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

HICKS, DANIEL ESQ.
421 S. PINE AVENUE
OCALA, FL 34474

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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 reorganizing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAFOUNTAIN, BETH ANN
STREET ADDRESS	18150 NE 19TH COURT
CITY-ST-ZIP	CITRA, FL 32113
TITLE	VPD
NAME	LAFOUNTAIN, IVAN D
STREET ADDRESS	18150 NE 19TH COURT
CITY-ST-ZIP	CITRA, FL 32113
TITLE	VPD
NAME	LAFOUNTAIN, EDGAR D JR
STREET ADDRESS	18150 NE 19TH COURT
CITY-ST-ZIP	CITRA, FL 32113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/06-80087-020 150.00

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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 807, 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

Ivan D. LaFountain **IVAN D. LAFOUNTAIN** **4-28-06** **595-7431**
Vice President (352)

Date

Daytime Phone #