

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90017 021 ***150.00

DOCUMENT # P99000035877

1. Entity Name

KEN'S LAWN & SOD SERVICE, INC.



Principal Place of Business

502 N. CENTRAL AVENUE
AVON PARK FL 33825

Mailing Address

502 N. CENTRAL AVENUE
AVON PARK FL 33825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3582178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLAGG, KEN SR

~~715 S. HIGHLANDS AVE~~
AVON PARK FL 33825

2511 W. Newton Rd.

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

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, 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

TITLE P
NAME FLAGG, KEN SR
STREET ADDRESS ~~715 S. HIGHLANDS AVE~~ 2511 W. Newton Rd.
CITY-ST-ZIP AVON PARK FL 33825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Ken Flagg Sr.
NAME Ken Flagg Sr.
STREET ADDRESS 2511 W. Newton Rd.
CITY-ST-ZIP Avon Park, FL 33825

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

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: Ken Flagg Sr. Ken Flagg Sr.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/06 863-453-7404

Date

Daytime Phone #