

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000041419**

Entity Name  
**THE LAWN AUTHORITY OF MANATEE COUNTY, INC.**



Principal Place of Business

**4803 3RD AVE. W.  
PALMETTO, FL 34221**

Mailing Address

**4803 3RD AVE. W.  
PALMETTO, FL 34221**



01152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3579572</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent

**ROBINSON, LAYON FII  
122 OLD MAIN STREET  
BRADENTON, FL 34205**

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IN THIS SPACE**

I, 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 (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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**OFFICERS AND DIRECTORS**

NAME	D
NAME	JACKSON, WARDELL
STREET ADDRESS	4803 3RD AVE. W
CITY-STATE-ZIP	PALMETTO, FL 34221
NAME	S
NAME	LOUE, DEBRA
STREET ADDRESS	4625 34TH COURT E
CITY-STATE-ZIP	BRADENTON, FL 34203
NAME	D
NAME	WARDELL, JACKSON
STREET ADDRESS	4803 3RD AVE. WEST
CITY-STATE-ZIP	PALMETTO, FL 34221
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/30/06-80044-018 150.00

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IN THIS SPACE**

I, 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: *Wardell Jackson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/06

(941) 812-0862

Date

Daytime Phone #