

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

9/11/2008-90001-022-\$158.75-\$158.75

DOCUMENT # P99000044824

1. Entity Name
HOMER LEWIS LAWN SERVICE, INC.



Principal Place of Business
**410 SW 38 TERR
FORT LAUDERDALE, FL 33312**

Mailing Address
**410 SW 38 TERR
FORT LAUDERDALE, FL 33312**

FILED
08 OCT -1 AM 9:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



07252008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0481353

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEWIS, HOMER
2817 S.W. 4TH PLACE
FT. LAUDERDALE, FL 33312**

**DO NOT WRITE
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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LEWIS, HOMER
3817 SW 4TH PLACE
FT LAUDERDALE, FL 35312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #