

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90531 034 \*\*\*150.00

DOCUMENT # P99000090289

1. Entity Name  
DOLPHIN LAWN CARE, INC.



Principal Place of Business  
2717 9TH AVE., WEST  
BRADENTON, FL 34205

Mailing Address  
5900 S TAMiami TRAIL  
STE 1  
SARASOTA, FL 34231 US

50046060



2. Principal Place of Business

3. Mailing Address

P.O. Box 19319

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152005

Chg-P

CR2E034 (10/03)

City & State

City & State

SARASOTA, FL

4. FEI Number

65-0955091

Applied For

Not Applicable

Zip

Country

Zip

Country

34276

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRACY, CATHERINE L  
5900 S TAMiami TRAIL  
SUITE 1  
SARASOTA, FL 34231

Name

CATHERINE L. TRACY

Street Address (P.O. Box Number is Not Acceptable)

3058 Constitution Blvd

City

SARASOTA

FL

Zip Code

34231

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

Catherine L. Tracy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-15-05

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPST  
PARADISE, VERONICA L  
2717 9TH AVE., WEST  
BRADENTON, FL 34205 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Veronica Paradise

4/26/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #