

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000107404

1. Entity Name

A & A LAWN AND TREE SERVICE, INC.



Principal Place of Business

3195 MILL RUN CIR.
NORTH PORT FL 34287

Mailing Address

3195 MILL RUN CIR.
NORTH PORT FL 34287

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

NO-T APPLICABLE

Applied For

Not Applicable

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

CARRON, ALBERT
3195 MILL RUN CIR.
NORTH PORT FL 34287

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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CARRON, ALBERT
STREET ADDRESS 3195 MILL RUN CIR.
CITY - ST - ZIP NORTH PORT FL 34287

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U000000068825
02/27/04-80058-005 150.00

TITLE V
NAME CARRON, PHYLLIS
STREET ADDRESS 3195 MILL RUN CIR
CITY - ST - ZIP NORTH PORT FL 34287

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TITLE S
NAME PEARSON, WILLIAM
STREET ADDRESS 3195 MILL RUN CIR
CITY - ST - ZIP NORTH PORT FL 34287

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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: Albert J. Carron ALBERT J. CARRON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-04 941-232-6907

Date

Daytime Phone #