

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

05 SEP 15 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S42406

1. Entity Name
FLORIDAYS LAWN CARE, INC.



Principal Place of Business
2161 S.E. BISBEE ST.
PORT ST LUCIE, FL 34952 US

Mailing Address
2161 S.E. BISBEE ST.
PORT ST LUCIE, FL 34952 US

DO NOT WRITE IN THIS SPACE

50066860

07212005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0256448

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FENTY, JEROLD B
2161 S.E. BISBEE ST.
PORT SAINT LUCIE, FL 34952

**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 7, 2005**

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 P
NAME FENTY, JEROLD B
STREET ADDRESS 2161 S.E. BISBEE ST.
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE VP
NAME FENTY, ROSARY
STREET ADDRESS 2161 S.E. BISBEE ST.
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000059782590
09/20/05--01045--010 **150.00

**DO NOT WRITE
IN THIS SPACE**

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