

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # S43229

1. Entity Name
ALL AMERICAN LAWN & GARDEN CARE, INC.



Principal Place of Business
**873 WEST BAY DRIVE
PMB 183
LARGO, FL 33770 US**

Mailing Address
**873 W. BAY DR
PMB#183
LARGO, FL 33770 US**



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3067481

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

**MCFATHER, FRANK W
873 W. BAY DR, PMB 183
LARGO, FL 33770**

**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

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

(NOTE: Registered Agent signature required when reinstating)

signed here in error

1-20-06
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

U00000398434
01/30/06-80094-014 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCFATHER, FRANK W.
873 W. BAY DR.
LARGO, FL 33770**

TITLE
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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:

Frank W. McFather
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06
Date

727 415-5031
Daytime Phone #