2006 FOR PROFIT CORPORATION ---ANNUAL REPORT (AR)

FILED DOCUMENT # \$70222 Jan 31, 2006 08:00 AM Secretary of State 1. Entity Name KOP'S LAWN SERVICE, INC. Principal Place of Business Mailing Address 1912 SAVONA PARKWAY CAPE CORAL FL 33904 1912 SAVONA PARKWAY CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 65-0277967 Not Applicab Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOPALE, BRIAN J. Street Address (P.O. Box Number is Not Acceptable) 1912 SAVONA PARKWAY CAPE CORAL FL 33904 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 Typerd or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May P After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete THE ☐ Change ☐ Addiss KOPALE, BRIAN J. MAMAP U00000408865 92/08/06-80075-009 150.00 STREET ADDRESS 1912 SAVONA PARKWAY STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP FITEF Delete TITLE Arkfille MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 78P TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Defete TITLE ☐ Change □ Adding NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition ☐ Channe NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-78 CITY-ST-ZIP TITLE Delete TITI F ☐ Change Ađđijin NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 AND TYPED OR DRINTED NAME OF SIGNING OFFICER OR DIRECTOR