


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009 CORPORATION ANNUAL REPORT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL -7 AM 8:46

DOCUMENT # **592731**

1. Corporation Name

Fred Brooks Lawn Care & Landscaping INC.

2. Principal Office Address - No P.O. Box #

19150 SW 57 CT

3. Mailing Office Address

19150 SW 57 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SW Ranches, FL

City & State

SW Ranches, FL

Zip

33332

Country

USA

Zip

33332

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

March 7 1991

5. FEI Number
650302844

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mary McWhertor

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

801 S University Drive

Suite, Apt. #, Etc.

C-140

City

Plantation

State

FL

Zip Code

33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
pres	Fred Brooks	19150 SW 57 Ct	SW Ranches FL 33332

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/27/09

Daytime Phone #