2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # V26296 Mar 22, 2006 08:00 AN 1. Entity Name **Secretary of State** SUNCOAST LAWN SERVICE OF CHARLOTTE COUNTY, INC Malling Address Principal Place of Business 6220 SOUTH ORANGE BLOSSOM TRAIL 476 BLARNEY ST. SUITE 194 ORLANDO FL 32809 PORT CHARLOTTE FL 33954 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 65-0435603 Not Applicat Zip Country Country Zιο \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARCO, CARROLL S., SR Street Address (P.O. Box Number is Not Acceptable) 6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 194 ORLANO FL 32809 City Z₁o Code 8. The above named entity submits this statement for the purcose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purcose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee-Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Add · HICKS, KENNEH D. NAME NAME UCCC000477451 STREET AODRESS STREET ADDRESS 476 BLANERY ST. 04/06/06-80051-020 150.00 CITY-ST-ZIP PT CHARLOTTE FL City-St-ZiP Tite ☐ Delete HILE ☐ Change ☐ Ad-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Add HITTE Hit NAME NAME STREET ADDRESS STREET ADORESS CHTY-ST-ZH CITY-ST-ZIP ☐ Defete TITLE Change Aric TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete TATLE Change T A.! NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-70P THEF ☐ Delete THEF ☐ Change ☐ Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-78

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date