


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # V46416
 1. Entity Name
HERNANDEZ & SONS LAWN SERVICE INC.



Principal Place of Business 156 NE 3RD ST BELLE GLADE, FL 33430	Mailing Address 156 NE 3RD ST BELLE GLADE, FL 33430
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04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2751716 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, ORESTES L
 156 NE 3RD ST
 BELLE GLADE, FL 33430

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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  DATE **4/17/06**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERNANDEZ, ORESTES L
STREET ADDRESS	156 NE 3RD ST
CITY - ST - ZIP	BELLE GLADE, FL
TITLE	VD
NAME	HERNANDEZ, ENEIDA G
STREET ADDRESS	156 NE 3RD ST
CITY - ST - ZIP	BELLE GLADE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000520526
 05/02/06-80102-001 150.00

DO NOT WRITE 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:  DATE _____ DAYTIME PHONE # _____