

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000154900

**Entity Name:** NEWLAND LAWN CARE, INC.

**Current Principal Place of Business:**

181 CAMELIA ST.  
GULF BREEZE, FL 32561

**Current Mailing Address:**

P. O. BOX 1472  
GULF BREEZE, FL 32562

**FEI Number:** 20-8134395

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NEWLAND-BEVERLY, NANCY A  
181 CAMELIA ST.  
GULF BREEZE, FL 32561 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PT  
Name NEWLAND-BEVERLY, NANCY A  
Address 181 CAMELIA ST.  
City-State-Zip: GULF BREEZE FL 32561

Title VS  
Name BEVERLY, CHARLES F  
Address 181 CAMELIA ST.  
City-State-Zip: GULF BREEZE FL 32561

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NANCY A. NEWLAND-BEVERLY

PT

02/14/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date