

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000046491

**Entity Name:** EAGLE LAWN CARE OF NE FLORIDA INC

**Current Principal Place of Business:**

11828 NEW KINGS ROAD  
# 109  
JACKSONVILLE, FL 32219

**Current Mailing Address:**

PO BOX 1541  
CALLAHAN, FL 32011 US

**FEI Number:** 26-2575977

**Certificate of Status Desired:** No

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

WILLIAMS, BOBBY L.  
54001 PADDOCK COURT  
CALLAHAN, FL 32011 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	P	Title	VP
Name	WILLIAMS, BRENDA D	Name	WILLIAMS, BOBBY L
Address	54001 PADDOCK COURT	Address	54001 PADDOCK COURT
City-State-Zip:	CALLAHAN FL 32011	City-State-Zip:	CALLAHAN FL 32011

*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:** BRENDA WILLIAMS

**PRESIDENT**

**04/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date