## 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000046491

Entity Name: EAGLE LAWN CARE OF NE FLORIDA INC

inity Name: Encet Entrino on the restrict

**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

FILED Apr 22, 2025

**Secretary of State** 

6435278715CC

Officer/Director Detail:

Title P Title VP

NameWILLIAMS, BRENDA DNameWILLIAMS, BOBBY LAddress54001 PADDOCK COURTAddress54001 PADDOCK COURTCity-State-Zip:CALLAHAN FL 32011City-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** 

04/22/2025