

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000002524

**Entity Name:** TOTAL PERFECTION LAWN CARE, INC.

**Current Principal Place of Business:**

12190 SW 66 STREET  
OCALA, FL 34481

**Current Mailing Address:**

12190 SW 66 STREET  
OCALA, FL 34481

**FEI Number:** 46-1539674

**Certificate of Status Desired:** No

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

VOLKER, WILMA  
12190 SW 66 STREET  
OCALA, FL 34481 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           | VICE PRESIDENT     |
| Name            | VOLKER, TROY       | Name            | VOLKER, WILMA      |
| Address         | 12190 SW 66 STREET | Address         | 12190 SW 66 STREET |
| City-State-Zip: | OCALA FL 34481     | City-State-Zip: | OCALA FL 34481     |

*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:** TROY VOLKER

**PRESIDENT**

**02/20/2025**

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

\_\_\_\_\_  
Date