2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90194 041 ***150.00

DOCUMENT # K18599

1. Entity Name
CASEY'S LAWN SERVICE, LANDSCAPE & NURSERY, INC.

Principal Place of Business	Mailing Address
2300 SW 112TH AVE DAVIE, FL 33325-4815	2300 SW 112TH AVE DAVIE, FL 33325-4815

DO NOT WRITE IN THIS SPACE

04052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0451049
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASEY, FRANCIS R.
2300 SW 112TH AVE
DAVIE, FL 33325-4815

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CASEY, FRANCIS R.
STREET ADDRESS	2300 SW 112TH AVE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	DS
NAME	CASEY, FRANK R.
STREET ADDRESS	2300 SW 112TH AVE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	D
NAME	CASEY, SHIRLEY
STREET ADDRESS	2300 SW 112TH AVE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	VP
NAME	CASEY, CHRISTOPHER
STREET ADDRESS	2300 SW 112TH AVE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	T
NAME	CASEY, SHERRY
STREET ADDRESS	2300 SW 112TH AVE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sherry Casey Treasurer 4/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #