


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K95345**

1. Entity Name  
**DION'S LAWN & ORNAMENTAL PEST CONTROL, INC.**



Principal Place of Business <b>10028 GROVE DRIVE          PORT RICHEY, FL 34668 US</b>	Mailing Address <b>PO BOX 1655          NEW PORT RICHEY, FL 34656 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



02172006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2951033</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SHARER, DION  
 10028 GROVE DRIVE  
 PORT RICHEY, FL 34668**

**DO NOT WRITE IN THIS SPACE**

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)

<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1100000474568          04/04/06-80028-024 150.00</b>
--	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SHARER, DION 10028 GROVE DRIVE PORT RICHEY, FL 34668</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **02/17/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #