


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000047621

1. Entity Name
SE & CS LAWN MAINTENANCE, INC.



Principal Place of Business
**906 MAPLE AVE.
 FRUITLAND PARK, FL 34731**

Mailing Address
**P. O. BOX 496
 FRUITLAND PARK, FL 34731**



05032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3642418

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**SCHWALM, STEVE
 906 MAPLE AVE.
 FRUITLAND PARK, FL 34731**

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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
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SCHWALM, STEVE 906 MAPLE AVE. FRUITLAND PARK, FL 34731 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSTD SCHWALM, CONNIE 906 MAPLE AVE. FRUITLAND PARK, FL 34731 |
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 05/09/05-80003-010 150.00

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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: Connie Schwalm Connie Schwalm Sec. 5/9/05 352.787.7845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #