

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 17, 2006
Secretary of State**

DOCUMENT# P02000084229

Entity Name: HARBOR BAY LAWN CARE, INC.

Current Principal Place of Business:

551 HUMMINGBIRD DR.
PENSACOLA, FL 32514

New Principal Place of Business:

4726 WHITEWATER LANE
CRESTVIEW, FL 32539

Current Mailing Address:

551 HUMMINGBIRD DR.
PENSACOLA, FL 32514

New Mailing Address:

4726 WHITEWATER LANE
CRESTVIEW, FL 32539

FEI Number: 73-1651793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYMMONDS, MICHELLE R
551 HUMMINGBIRD DR.
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

SYMMONDS, MICHELLE R
4726 WHITEWATER LANE
CRESTVIEW, FL 32539 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: MICHELLE R SYMMONDS 07/17/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DVST () Delete
Name: SYMMONDS, MICHELLE R
Address: 551 HUMMINGBIRD DR.
City-St-Zip: PENSACOLA, FL 32514

Title: DP () Delete
Name: FOURNIER, MICHAEL B
Address: 4726 WHITEWATER LANE
City-St-Zip: CRESTVIEW, FL 32539

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVST (X) Change () Addition
Name: SYMMONDS, MICHELLE R
Address: 4726 WHITEWATER LANE
City-St-Zip: CRESTVIEW, FL 32539

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV () Change (X) Addition
Name: FOURNIER, LIONEL J
Address: 3105EARL KENNEDY ROAD
City-St-Zip: CRESTVIEW, FL 32539

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHELLE R SYMMONDS DVST 07/17/2006
Electronic Signature of Signing Officer or Director Date