

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055510

FILED
Apr 29, 2005
Secretary of State

Entity Name: A.P. RICKETTS QUALITY LAWN MAINTENANCE, INC.

Current Principal Place of Business:

C/O WILLIAM J. SPRATT JR., ESQ
201 S BISCAYNE BLVD, STE 2000
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM J. SPRATT JR., ESQ
201 S BISCAYNE BLVD, STE 2000
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1199878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRATT, WILLIAM J JR, ESQ
201 S BISCAYNE BLVD, STE 2000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RICKETTS, ALONZO
Address: 10864 SW 141 ST LANE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: RICKETTS, PATRICIA
Address: 10864 SW 141ST LANE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: RICKETTS, ALONZO JR
Address: 10864 SW 141ST LANE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALONZO RICKETTS

D/P

04/29/2005

Electronic Signature of Signing Officer or Director

Date