


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000099260
 1. Entity Name
 U.S. LAWNS OF GAINESVILLE, INC.



Principal Place of Business: 12097 PALMETTO WAY, DUNNELLON, FL 34432 US
 Mailing Address: 12097 PALMETTO WAY, DUNNELLON, FL 34432 US

DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-1204539 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCCROAN, RICHARD A
 12097 PALMETTO WAY
 DUNNELLON, FL 34432

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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	P
NAME	MCCROAN, RICHARD A
STREET ADDRESS	12097 PALMETTO WAY
CITY - ST - ZIP	DUNNELLON, FL 34432
TITLE	VP
NAME	MCCROAN, PAMELA T
STREET ADDRESS	12097 PALMETTO WAY
CITY - ST - ZIP	DUNNELLON, FL 34432
TITLE	S
NAME	MCCROAN, ERNEST JR.
STREET ADDRESS	12097 PALMETTO WAY
CITY - ST - ZIP	DUNNELLON, FL 34432
TITLE	T
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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)(f), 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 attachment with an address, with all other like empowered.

SIGNATURE: Richard A. McCroan 4/25/05 352-465-2514
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #