2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 09, 2005 8:00 am
Secretary of State
04-15-2005 90099 019 ***150.00

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1. Entity Name
MOWERS PLUS, INC.

Principal Place of Business	Mailing Address
100 E. LINTON BOULEVARD SUITE 205A DELRAY BEACH, FL 33483 US	100 E. LINTON BOULEVARD SUITE 205A DELRAY BEACH, FL 33483 US

03292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite F
City & State	City & State Delray Beach FL
Zip / Country	Zip 33445 / Country USA

4. FEI Number 20-0847096 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'BRIEN, JAMES M 100 E. LINTON BOULEVARD SUITE 205A DELRAY BEACH, FL 33483	Name Rick Jensen Street Address (P.O. Box Number is Not Acceptable) 2875 S. Congress Ave #F City Delray Beach FL Zip Code 33445

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 _____ 4/9/05
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, D JENSEN, RICK 13201 SW 28TH PLACE DAVIE, FL 33330	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer & Sect Michael E. Galoci 2071 SW 81 Way Davie, FL 33324 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S, D O'BRIEN, JAMES M 100 E. LINTON BOULEVARD, SUITE 205A DELRAY BEACH, FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T, D RINALDI, ROBERT 100 E. LINTON BOULEVARD, SUITE 205A DELRAY BEACH, FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BAKER, DEAN A 14587 SUNSET DRIVE DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GENDRON, ALAN 4770 NE 4TH AVENUE FORT LAUDERDALE, FL 33334	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ President X 4-8-05 561-819-0395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #