2006 FOR PROFIT CORPORATION

FILED Apr 13, 2006 08:00 AM

ANNUAL REPORT				Secretary of State
DOCUMENT # P04000066521				,
1. Entity Name				
BROTHERS 2 LAWNCARE, INC.				
}				}
Principal Plac	ce of Business	Mailing Address	1	1
7741 VENET		7741 VENETIAN ST		
MIRAMAR, F		MIRAMAR, FL 33023	1	{
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	O NOT WRITE	IN THIS SPA	CE	4 FF: Number Applied For
			_	4. FE! Number Applied For 90-0161064 Not Applied be
				5. Certificate of Status Desired \$8.75 Additional
				5. Carimicale of Status Desired Fee Required
6. Name and Address of Current Registered Agent				
ELLIS, KENNETH				DO NOT WRITE
7741 VENETIAN ST				DO NOT WRITE
MIRAMAR, FL 33023			}	IN THIS SPACE
			{	111 11110 017102
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.				
this onligations of radiatered adams				
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (SMTE. Registered Agent signature required when reinstating) DATE				
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FILE NOWIN FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be				
After M	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.	☐ Add	led to Fees
10. OFFICERS AND DIRECTORS			T	
TITLE	DPST		1	•
MAME	ELLIS, KENNETH		<u>I</u>	
STREET ADDRESS			1	•
CITY-ST-ZIP	MIRAMAR, FL 33023	~	}	
TITLE NAME	{		}	1 000000506120
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same logal effect as if made under oalth, that I am an office; 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 Black 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR