2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
05 JUN -9 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000068898

1. Entity Name
FOREVERLAWN OF FLORIDA, INC.

Principal Place of Business	Mailing Address
8775 N. ORLANDO AVE. MAITLAND, FL 32751	2538 LAKE DEBRA DRIVE 23-110 ORLANDO, FL 32835

05262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 74-3120502 ☐ 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
ALLEN, KAREN MARGARET 2538 LAKE DEBRA DRIVE 23-110 ORLANDO, FL 32825	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

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	PSTD ALLEN, KAREN MARGARET 2538 LAKE DEBRA DRIVE ORLANDO, FL 32835	☐ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Karen M. Allen 2538 Lake Debra Dr. Orlando, Fl 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Ty Allen 2538 Lake Debra Drive Orlando, Fl 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE ST NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Anton Krzic 2538 Lake Debra Drive Orlando, Fl 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 06/13/05--01002--006 **26.25 200054523452 06/13/05--01002--006 **26.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200054523452 05/23/05--01012--017 **35.00

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: Karen Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

T. Lewis 6/13/05