

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000075203

**FILED**  
**Aug 24, 2005**  
**Secretary of State**

**Entity Name:** SPECIAL TOUCH LAWN CARE SERVICES, INC

**Current Principal Place of Business:**

P O BOX 1185  
APOPKA, FL 32704 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1185  
APOPKA, FL 32704 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THORPE, LYSANDER  
6327 PINEY GLEN LANE  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

LIPPMAN, MARK  
638 BROADWAY AVENUE  
ORLANDO, FL 32803 US

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: MARK LIPPMAN

08/24/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: NORRIS, TRUDY  
Address: 1125 CARBONE WAY  
City-St-Zip: APOPKA, FL 32703 US

Title: SD (X) Delete  
Name: COLLAZO, ANGELO  
Address: 14901 LEE RD.  
City-St-Zip: GROVELAND, FL 34736

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: NORRIS, TRUDY  
Address: 1125 CARBONE WAY  
City-St-Zip: APOPKA, FL 32703 US

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: TRUDY NORRIS

D

08/24/2005

Electronic Signature of Signing Officer or Director

Date