2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 11, 2005 08:00 AM DOCUMENT #-P93900041229 **Secretary of State** 1. Entity Name LAVINE LANDSCAPE MAINTENANCE, INC. Principal Place of Business Mailing Address 1466 LACONIA DR CLEARWATER FL 33764 US 14835 49TH ST N CLEARWATER FL 22762 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 59-3200465 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAVINE, CHRISTINE A Street Address (P.O. Box Number is Not Acceptable) 1466 LACONIA DR CLEARWATER FL 34624 Zip Code City 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 . Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent's gnature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. U00000224929 🗆 Change 🔲 Addition DILE ☐ Delete TITLE 02/11/05-80020-002 150.00 LAVINE, CHRISTINE A NAME STREET ADDRESS STREET ADDRESS 1466 LACONIA DR CLEARWATER FL 34624 CUTY-ST-ZIP CITY - ST - ZIP Addition Change TITLE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-7IP MILE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-7IP ☐ Change Addition THLE Delete BULE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 inclicated 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.

PARISTINE LAVING 2/4/05
DRIBECTOR Dare

- FILED