

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90246 022 ***150.00

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04212005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000134875 1. Entity Name R & M LAWN MAINTENANCE, INC.			
Principal Place of Business 1110 SOUTH D STREET LAKE WORTH, FL 33460		Mailing Address 1110 SOUTH D STREET LAKE WORTH, FL 33460	
2. Principal Place of Business 2386 OKLAHOMA ST. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 6557 Suite, Apt. #, etc.	
City & State WPB Zip 33406		City & State Lake Worth, FL Zip 33466-6557	
Country		Country	
4. FEI Number 55-0814818		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOMINGUEZ-HUICHAPA, MARISOL M 1110 SOUTH D STREET LAKE WORTH, FL 33460		7. Name and Address of New Registered Agent Name MARISOL M. DOMINGUEZ-HUICHAPA Street Address (P.O. Box Number is Not Acceptable) 2386 OKLAHOMA ST. City WPB	
State FL		Zip Code 33406	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE: 4/20/05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME HUICHAPA, ROMUALDO STREET ADDRESS 1110 SOUTH D STREET CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE PRESIDENT NAME HUICHAPA, ROMUALDO STREET ADDRESS 2386 OKLAHOMA ST. CITY-ST-ZIP WPB, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VT NAME DOMINGUEZ-HUICHAPA, MARISOL M STREET ADDRESS 1110 SOUTH D STREET CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE Vice Pres. NAME DOMINGUEZ-HUICHAPA MARISOL M. STREET ADDRESS 2386 OKLAHOMA ST. CITY-ST-ZIP WPB, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 4/20/05 DAYTIME PHONE #: 561-684-9914	