


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000047621</b>		
1. Entity Name <b>SE &amp; CS LAWN MAINTENANCE, INC.</b>		
Principal Place of Business <b>906 MAPLE AVE. FRUITLAND PARK, FL 34731</b>		Mailing Address <b>P. O. BOX 496 FRUITLAND PARK, FL 34731</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  <b>SCHWALM, STEVE 906 MAPLE AVE. FRUITLAND PARK, FL 34731</b>		<b>DO NOT WRITE IN THIS SPACE</b>
3. 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 _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHWALM, STEVE 906 MAPLE AVE. FRUITLAND PARK, FL 34731	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD SCHWALM, CONNIE 906 MAPLE AVE. FRUITLAND PARK, FL 34731	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Connie Schwalm</u> <u>Connie Schwalm Sec.</u> <u>5/9/05</u> <u>352-782-7845</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



05032005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3642418</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U00000364774  
05/09/05-80009-010 150.00

**DO NOT WRITE  
IN THIS SPACE**