

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-08-2005 90019024 ***150.00
544278

DOCUMENT # 544278 1. Entity Name TOWN AND COUNTRY POWER SPRAYING, INC.					
Principal Place of Business 6550 NW 20 ST SUNRISE, FL 33313 US			Mailing Address PO BOX 190368 FT LAUDERDALE, FL 33319 US		
2. Principal Place of Business		3. Mailing Address 5600 SW 9 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Plantation, FL			
Zip	Country	Zip 33317	Country USA	4. FEI Number 59-1763095	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMARAIRE, SUSAN 6550 NW 20 ST SUNRISE, FL 33313			7. Name and Address of New Registered Agent Name Susan Camaraire Street Address (P.O. Box Number is Not Acceptable) 5600 SW 9 ST City Plantation FL Zip Code 33317		
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 <u><i>Susan Camaraire</i></u> SUSAN CAMARAIRE 6/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEB 18 \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAMARAIRE, PAUL J. 6550 NW 20 ST SUNRISE, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CAMARAIRE, SUSAN P. 6550 NW 20 ST SUNRISE, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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: <u><i>Susan Camaraire</i></u> SUSAN CAMARAIRE 6/28/05 934 214 8012 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06292005 Chg-P CR2E034 (10/03)

KDS 7/27/05