

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 SEP 18 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09152006 Chg-P CR2E034 (11/05)

DOCUMENT # 552146			
1. Entity Name E.V. MASON LAWN SPRAY, INC.			
Principal Place of Business 5250 N. HARBOR CITY BLVD. MELBOURNE, FL 32940		Mailing Address 5250 N. HARBOR CITY BLVD. MELBOURNE, FL 32940	
2. Principal Place of Business 3819 Riverside Drive Suite, Apt. #, etc.		3. Mailing Address 3819 Riverside Drive Suite, Apt. #, etc.	
City & State Melbourne, FL		City & State Melbourne, FL	
Zip 32935	Country USA	Zip 32935	Country USA
4. FEI Number 59-1801800		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MASON, EDWARD V SR. 5250 N. HARBOR CITY BLVD. MELBOURNE, FL 32940		7. Name and Address of New Registered Agent Name Edward V. Mason Sr. Street Address (P.O. Box Number is Not Acceptable) 3819 Riverside Drive City Melbourne FL Zip Code 32935	
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 		DATE 9/15/2006	
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		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	PD MASON, EDWARD V., SR. <del>5250 N. HARBOR CITY BLVD.</del> <del>MELBOURNE, FL 32940</del> 3819 Riverside Drive Melbourne, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800080007988 09/20/06--01063--009 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURNIN, EDWARD 6233 N. HARBOR CITY BLVD MELBOURNE, FL 32935 <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
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 exemptions contained in Chapter 119, 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 empowers.			
SIGNATURE: 		DATE 9/15/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

XC 9/19