


2005 FOR PROFIT CORPORATION ANNUAL REPORT -

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # F20280 1. Entity Name CAUSEWAY MOWERS, INC.	
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Principal Place of Business % NICHOLAS SIMONE 750 E EAU GALLIE CAUSEWAY IND HARBOUR BEACH, FL 32937	Mailing Address % NICHOLAS SIMONE 750 E EAU GALLIE CAUSEWAY IND HARBOUR BEACH, FL 32937
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03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2093354	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIMONE, NICHOLAS 750 E EAU GALLIE CSWAY INDIAN HARBOR BEACH, FL 32937

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMONE, NICHOLAS 750E EAU GALLIE CSWAY IND HARBOUR BCH, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nicholas Simone (NICHOLAS SIMONE) 3/15/05 321-773-0677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #