


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F65075	
1. Entity Name SOUTHERN WEED CONTROL MANAGEMENT, INC.	

Principal Place of Business C/O ELIZABETH A. MILLER 134 SE 3RD CT DEERFIELD BCH FL 33441	Mailing Address C/O ELIZABETH A. MILLER 134 SE 3RD CT DEERFIELD BCH FL 33441
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2172745		<input type="checkbox"/> 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 MILLER, ELIZABETH A 134 SE 3 CT DEERFIELD BCH FL 33441		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP <input type="checkbox"/> Delete	NAME MILLER, EDWARD J	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 134 SE 3RD CT	CITY - ST - ZIP DEERFIELD BCH FL 33441	STREET ADDRESS	CITY - ST - ZIP
TITLE SD <input type="checkbox"/> Delete	NAME MILLER, ELIZABETH A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 134 SE 3 CT	CITY - ST - ZIP DEERFIELD BEACH FL 33441	STREET ADDRESS	CITY - ST - ZIP
TITLE VP <input type="checkbox"/> Delete	NAME MILLER, CHRISTOPER E	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 134 SE 3 CT	CITY - ST - ZIP DEERFIELD BEACH FL 33441	STREET ADDRESS	CITY - ST - ZIP
TITLE T <input type="checkbox"/> Delete	NAME MILLER, KENNETH E	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 134 SE 3 CT	CITY - ST - ZIP DEERFIELD BEACH FL 33441	STREET ADDRESS	CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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:  **Edward J. Miller, President** 2/23/05 **954-427-9477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #