
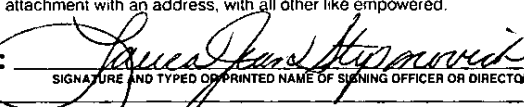


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90080 037 \*\*\*163.75

<b>DOCUMENT # F71948</b> 1. Entity Name <b>NICK'S LAWN SERVICE, INC.</b>					
Principal Place of Business <b>140 N TROPICAL TRAIL LOT #18 MERRITT ISLAND, FL 32953 US</b>			Mailing Address <b>140 N TROPICAL TRAIL LOT #18 MERRITT ISLAND, FL 32953 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2188203</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LICHTER, IRWIN G., ESQ. 321 N.E. 26TH ST. MIAMI, FL 33137</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VTD		TITLE	SAME	
NAME	STIPANOVICH, NICHOLAS		NAME	SAME	
STREET ADDRESS	4275 CROOKED MILE RD		STREET ADDRESS	ADD ZIP CODE 32952	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000, - 32952		CITY-ST-ZIP	ADD ZIP CODE 32952	
TITLE	PDS		TITLE	SAME	
NAME	STIPANOVICH, LAURA JEAN		NAME	SAME	
STREET ADDRESS	4275 CROOKED MILE RD		STREET ADDRESS	ADD ZIP CODE 32952	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000, 32952		CITY-ST-ZIP	ADD ZIP CODE 32952	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE			TITLE		
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.					
<b>SIGNATURE:</b>  <b>LAURA JEAN STIPANOVICH</b> 3/23/05 (321-453-6910)					