2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 30, 2006 08:00 AM DOCUMENT # G73799 **Secretary of State** 1. Entity Name LAWNMASTERS OF MANASOTA, INC. Principal Place of Business Mailing Address 1311 57TH AVENUE E 1311 57TH AVENUE E. **BRADENTON FL 34203** BRADENTON FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-2357319 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FELDMAN, MARC H. Street Address (P.O. Box Number is Not Acceptable) 3908 26 ST W **BRADENTON FL 34205** 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, typical or printed name of registered agent and title if apply, obta-(NOTE Registered Agent exposure required when reinstativity) DATE FILE NOWIII FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 7172.5 ☐ Delete 7)T) F U00080485114 □ Change 1 04/12/06-80070-024 150.00 Change Addition NAME RIEGELMAN, MARK D MAM STREET ADDRESS 1311 57TH AVE E STREET ADDRESS CITY-ST-ZIP BRADENTON FL C/(Y-\$7-2/P Titter ☐ Delete HRE ☐ Change ☐ Addition NAME RIEGELMAN, LAURA A PIANTE STREET ADDRESS 1311 57TH AVE E STREET ADDRESS C)14-51-21P BRADENTON FL CHY-ST-7P Addition THRE ☐ Defete nne ☐ Change NAME NAME STREET AUDRESS STREET ADDRESS City-SI-ZP CHY-SI-ZIP TITLE Detete TITLE Channe Addition | NAME NAME STREET ADDRESS STREET ADDRESS CHY-SY-IP COY-ST-70 TITLE THE Delete. ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP MILE Defete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 outly, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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.

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