2005 FOR PROFIT CORPORATION ANNUAL REPORT	
DOCUMENT # H12631 1. Entity Name LAWN CARE UNLIMITED, INC.	May 03, 2005 08:00 AM Secretary of State
Principal Place of Business Mailing Address 875 N.W. 13TH STREET P.O. BOX 272848 #318 BOCA RATON, FL 33486 US	
DO NOT WRITE IN THIS SPAC	04012005 No Chg-P CR2E034 (10/03)
6. Name and Address of Current Registered Agent AMANN, LOUISE M 461 N.E. 42ND STREET BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
The above named enlity 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	
10. OFFICERS AND DIRECTORS TITLE PTD NAME KNIGHT, WILLIAM STRET ADDRESS 875 N.W. 13TH STREET, #318 CITY-ST-ZIP BOCA RATON, FL 33486	
ntle Name Striett adoress City-ST-ZP	UD0000359893 05/05/05-80010-025 150.00
itle NME Street address Sty-St-ZP	DO NOT WRITE
IIILE NAME STREET ADDRESS CRY-ST-ZP	IN THIS SPACE
NTLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	—· — ·
12. I hereby certify that the information supplied with this filling does not qualify for the exemp indicated on his report or supplemental report is true and accurate and that my signatur of the corporation or the receiver or trustee empowered to excerve this report as required changed, or on an attachment with an address, with all other tike empowered.	ption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information re shall have the same legal effect as if made under oath, that I am an officer or director d by Chapter 607, Rorida Statutes, and that my name appears in Block 10 or Block 11 if lian $might 4/30/05$
SIGNATURE: (A) IV MAN W VIIIIAN MICHT 7/30/05 BORATURE AND TYPED OR PHYTED NAME OF SKREWG OFFICER OR DIRECTOR	

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