


**2005 FOR PROFIT CORPORATION*
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # H29300 1. Entity Name CHARLOTTE COUNTY MOWING SERVICES, INC.	
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Principal Place of Business 1625 W. MARION AVE. #6 PUNTA GORDA, FL 33950	Mailing Address PO BOX 511249 PUNTA GORDA, FL 33950
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05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2472958	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCQUEEN, PAULA F. 1625 W MARION AVE SUITE 6 PUNTA GORDA, FL 33950

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD MCQUEEN, ROBERT N. 28034 SHORE DRIVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATVP HULL, HUGH 801 BURLAND PUNTA GORDA, FL 33950
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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)(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: Paula F. McQueen CPA 5/10/05 239-872-0292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #