2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 13, 2005 08:00 AM **Secretary of State** DOCUMENT # H95786 1. Entity Name MARSHALL'S LAWN CARE, INC. Principal Place of Business... Mailing Address 606 W. INDUSTRIAL AVENUE 606 W. INDUSTRIÁL AVENUE BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 01072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2760411 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARSHALL, MICHAEL DO NOT WRITE 5400 CANAL DRIVE LAKE WORTH, FL 33463 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. Lam familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regured when registate (c) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MARSHALL, MICHAEL NAME STREET ADDRESS 5400 CANAL DRIVE CBY-S1-ZP LAKE WORTH, FL 33463 THE MEADOWS, MARK U00000179704 4787 CAÑAL DRIVE STREET ADDRESS. 01/13/05-80029-022 150.00 City St. 701 LAKE WORTH, FL 33463 Tille NAMI STREET ADDRESS DO NOT WRITE CHY SI-78 IN THIS SPACE THEE MAME STREET ADDRESS CHY SI ZIP HILL NAME THREET ADURESS COY ST-78 101 E NAME STREET ADURESS CDY SEZIE

12. Thereby certify that the information supplied with this filling 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 attacturent with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

FILED