2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # J28838 1. Entity Name LONG BRANCH LAWN SERVICE, INC.								05-02-2005 90424 029 ***150.00				
Principal Place	e of Busines	s	Mailing Address									
ELLIS DRIVE				ELLIS DRIVE								
P.O.BOX 571				P.O.BOX 571								
TAVERNIER, FL 33070				TAVERNIER, FL 33070								
2. Principal Place of Business			3.	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04292005	Chg-P	CR2E	034 (10/03)	
City & State				City & State				4. FEI Number 59-2710			No	oplied For ot Applicable
Zip	Country			Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	e and Address of C	i urrent Regis	stered Agent	·	l	l	7. Name and	Address of Ne	w Registered	<u> </u>	<u> </u>
						Name T	7.1	(f) (s)	0 1	210	165	
VASKO, BARRY G. 89300 OLD HMY STATE ROAD 4A Street Address (P.O. Box Namber is Not Acceptable).										<u> </u>		
89300 OLD HWY STATE ROAD 4A TAVERNIER, FL 33070								131	COAD	ないない	∕	
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				City			1/	15 0 A	1:1=1	F	SIZCO	(0.50)
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 Flor										f Florida. I ar	n familiar with.	and accept
the obligations of registered agent.												
SIGNATURE_	Signature, typed	or printed name of register	ed agent and title	if applicable. [NOT	E: Registere	d Agent signature	required	when reinstating)		DATE		
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After Ma	E NOW!!! ay 1, 200	FEE IS \$150.0 5 Fee will be \$)0 550.00	9. Election Campa Trust Fund Con				00 May Be ed to Fees				
10.1 C. 3	,	, OFFICER	S AND DIRE	CTORS	11.			ADDITIONS /	CHANGES TO	OCEICEDO AN	ID DIBECTAD	C IN 11
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NAME	VASKO, I	BARRY Ġ.		_ build	MAIN							Notified
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CITY-ST-ZIP	TAVERN	IER, FL 33070			CITY	-ST-ZIP						
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12. I hereby 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 path; 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.												

WED NAME OF SIGNING OFFICER OR DIRECTOR