2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J47927

Entity Name: WILSON LAWN CARE, INC.

JACKSONVILLE, FL 32234

City-St-Zip:

FILED Mar 16, 2005 Secretary of State

	***,2001*			
Current Principal Place of Business:			New Principal Place of Business:	
14970 NORMANDY BLVD.				
APT.#1 JACKSON	VILLE, FL 322	349402		
Current M	lailing Addres	s:	New Mailing Address:	
	RMANDY BLV	D .		
APT.#1 JACKSON	VILLE, FL 322	349402		
FEI Number:	: 59-2755029	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:
14970 NÖI APT#1	MELONEY JEA RMANDY BLV WILLE, FL 322	D.		
	named entity see of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
	Electror	ic Signature of Registered Ag	gent	Date
Election Car	npaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD () WILSON, DOU 14970 NORMAI JACKSONVILLI	NDY BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	VPS () WILSON, MELO 14970 NORMAI		Title: Name: Address:	() Change () Addition

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELONEY J. WILSON VPS 03/16/2005