## 2005 FOR PROFIT CORPORATION ANNUAL REPORT\_\_\_\_

## FILED Apr 21, 2005 08:00 AM Secretary of State

DOCUMENT # J86169  1. Entity Name BENNETT'S LANDSCAPING, INC.	Secretary of State
Principal Place of Business Mailing Address 5219 OKEECHOBEE RD. 5219 OKEECHOBEE RD. FT. PIERCE, FL 34947 US FT. PIERCE, FL 34947 US	) (MBIIIIR ATHI CRICE BIIRE IINE NIII ANNI RIBII WAN ANNI ANNE ACHINEN ICINE
DO NOT WRITE IN THIS SPACE  04052005 No Chg-P CR2E034 (10/03)  4. FEI Number 59-2830947 Applied For 59-2830947 Not Applicable  5. Certificate of Status Desired  \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent	
BENNETT, TINA M. 5219 OKEECHOBEE ROAD FT. PIERCE, FL 34947	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  Signature types or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when releasing)  DATE  9. Election Campaign Financing \$5.00 May Be	
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS  TITLE PST  NAME BENNETT, TINA M.  STREET ADDRESS  5219 OKEECHOBEE ROAD  CITY-ST-ZIP FT. PIERCE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/21/05-80098-019 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 1 (9.07(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 poster empowered to execute this report as required by Chapter 507, 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	