


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 16, 2005 08:00 AM  
Secretary of State**

DOCUMENT # J87292  
1. Entity Name  
PRO-LAWN OF HIGHLANDS, INC.



Principal Place of Business      Mailing Address  
2403 NW LAKEVIEW DR      PO BOX 1471  
SEBRING, FL 33870 US      SEBRING, FL 33871 US



04062005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-2841536                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent  
  
RHOADES, CLIFFORD R.  
227 N. RIDGEWOOD DRIVE  
SEBRING, FL 33870

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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 \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

10. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | DVS                 |
| NAME           | RICHARDSON, MARTHA  |
| STREET ADDRESS | 2403 NW LAKEVIEW DR |
| CITY-ST-ZIP    | SEBRING, FL 33870   |
| TITLE          | DP                  |
| NAME           | RICHARDSON, MARK L  |
| STREET ADDRESS | 2403 NW LAKEVIEW DR |
| CITY-ST-ZIP    | SEBRING, FL 33870   |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

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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)(f), 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: Martha Richardson    MARTHA RICHARDSON    04/13/05    382-7797    (863)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #