


**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 59-2841536	Applied For 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RICHARDSON, MARTHA 2403 NW LAKEVIEW DR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICHARDSON, MARK L 2403 NW LAKEVIEW DR SEBRING, FL 33870
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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 #