

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000051753

1. Entity Name  
DOUG'S HOME AND LAWN CARE LLC



Principal Place of Business  
2944 LARSON ST  
KISSIMMEE, FL 34741

Mailing Address  
2944 LARSON ST  
KISSIMMEE, FL 34741

**DO NOT WRITE IN THIS SPACE**

**FILED**  
Apr 27, 2005 08:00 AM  
Secretary of State



04232005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0219948	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POOLE, DOUGLAS  
2944 LARSON ST  
KISSIMMEE, FL 34741

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

000000336808  
04/27/05-80140-010 SD. 00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	POOLE, DEBRA R
STREET ADDRESS	2944 LARSON STREET
CITY-ST-ZIP	KISSIMMEE, FL 34741

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Debra R. Poole* Debra R. Poole 4/20/05 407-846-9201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #