2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2005 08:00 AM DOCUMENT # L20492 **Secretary of State** 1. Entity Name GRAZIANO LAWN CARE, INC. Mailing Address Principal Place of Business **4016 WATERVIEW LOOP 4016 WATERVIEW LOOP** WINTER PARK, FL 32792 WINTER PARK, FL 32792 03042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2974926 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent BROOKS, TERRY A DO NOT WRITE 2110 E. ROBINSON STREET ORLANDO, FL 32803 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PST** TITLE NAME GRAZIANO, ANTHONY E. 4016 WATERVIEW LOOP STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL. 32792 U00000260802 03/12/05-80040-007 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/05 (907) 679-9688

FILED