

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L38153

Entity Name: CIRCLE T TOTAL LAWN CARE, INC.

FILED  
Oct 26, 2005  
Secretary of State

## Current Principal Place of Business:

6140 IRLO BRONSON HIGHWAY  
ST. CLOUD, FL 34771

## New Principal Place of Business:

400 W. NEW NOLTE RD.  
ST. CLOUD, FL 34769

## Current Mailing Address:

6140 IRLO BRONSON HIGHWAY  
ST. CLOUD, FL 34771

## New Mailing Address:

400 W. NEW NOLTE RD.  
ST. CLOUD, FL 34769

FEI Number: 59-2983213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TUMBLESON, SUSAN  
6140 E. IRLO BRONSON HWY  
ST. CLOUD,, FL 34771 US

## Name and Address of New Registered Agent:

TUMBLESON, SUSAN  
2038 LIVE OAK BLVD.  
ST. CLOUD,, FL 34771 US

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.

SIGNATURE: SUSAN TUMBLESON

10/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TUMBLESON, STEVEN,  
Address: 6140 IRLO BRONSON HIGHWAY  
City-St-Zip: ST. CLOUD, FL 34771

Title: D ( ) Delete  
Name: TUMBLESON, MARY,  
Address: 6140 IRLO BRONSON HIGHWAY  
City-St-Zip: ST. CLOUD, FL 34771

Title: T ( ) Delete  
Name: TUMBLESON, SUSAN D  
Address: 6140 E. IRLO BRONSON HWY.  
City-St-Zip: ST. CLOUD, FL 34771

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: TUMBLESON, STEVEN,  
Address: 2038 LIVE OAK BLVD.  
City-St-Zip: ST. CLOUD, FL 34771

Title: D (X) Change ( ) Addition  
Name: TUMBLESON, MARY,  
Address: 2038 LIVE OAK BLVD.  
City-St-Zip: ST. CLOUD, FL 34771

Title: T (X) Change ( ) Addition  
Name: TUMBLESON, SUSAN D  
Address: 2038 LIVE OAK BLVD.  
City-St-Zip: ST. CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY P. TUMBLESON

VP

10/26/2005

Electronic Signature of Signing Officer or Director

Date