2006 FOR PROFIT CORPORATION

FILED May 03 2006 08:00 AM

	. ANNUAL REPORT				Way 03, 2000 00.00 AW			
DOCUMENT # M43780					Secreta	ry of State	e	
	EE AND LAWN SERVICES, IN	C						
Principal Plac 12511 S.W. DAVIE, FL 3	13TH STREET	leiling Address 12511 S.W. 13TH STREET DAVIE, FL 33325)	SISTE SIIN NEEL IENN EEN	Stell statt black statt statt bla	(300) (1 (100)	
		_ _						
DO NOT WRITE IN THIS SPACE				04012006	No Chg-P	CR2E034 (11/05)		
DO NOT WITTE IN THIS STAS				4. FEI Numbe 59-278		No	plied For Applicab	
<u> </u>	6. Name and Address of Current Regis	stered Agent	, _	5. Certificate	ot Status Desired	\$8.75 Add		
ALLEN, KENNETH R. 12511 SW 13TH STREET				DO	NOT W	RITE		
DAVIE, FL		- 		ו או	THIS SP	ACE		
 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 of explicable. (NOTE: Registered Agent signature required						DATE	~~ 	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 7 Election Campaign Finant Trust Fund Contribution.				.00 May Be ed to Fees			<u> </u>	
10.	OFFICERS AND DIRE	CIORS	1					
TITLE NAME	ST RENOFREY, SANDRA							
STREET ADDRESS CITY-ST-ZIP	12511 SW 13TH ST. FORT LAUDERDALE, FL 33325							
TITLE NAME STREET ADDRESS	ALLEN, KENNETH R. 12511 SW 13TH ST.	· = =	į		05/1 8/ 06-	560605 80046-010 15	ព"ថា	
GITY-ST-ZIP	FORT LAUDERDALE, FL 33325							
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CITY-ST-ZIP			-		NOT W			
NAME STREET ACCIPESS CITY-ST-ZIP	-			IIV	rhis sp	ACE		
TITLE NAME STREET ADDRESS								

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 507, 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: X

Yennoth P

All on

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

STONATURE AND TYPED OR PRINTED NAME OF SIGNING OF THER OF OUR CLOSE

954-472-5186 Date Dayone Prone #