2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

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Entity Name: FLORIDA VEGETATION MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

1809 E. BROADWAY ST.
SUITE 325
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1809 E. BROADWAY ST.
SUITE 325
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3651346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEWIS, J A
66 LASLIE PLANTATION ROAD
QUINCY, FL 32352 US

Name and Address of New Registered Agent:

MASON, PAUL R
2250 OAK SHADOW CT
OVIEDO, FL 32766 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: PAUL R. MASON 04/26/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WHITECAR, TERRY
Address: 230 MILLER ROAD
City-St-Zip: ORANGE CITY, FL 32763

Title: DV ( ) Delete
Name: SEITZ, GARY
Address: 5052 SHADY LAKE LANE
City-St-Zip: LAKELAND, FL 33813

Title: SD ( ) Delete
Name: YARRISH, LINDA
Address: 3301 GUN CLUB ROAD #5650
City-St-Zip: WEST PALM BEACH, FL 33416

Title: TD ( ) Delete
Name: MASON, PAUL
Address: 2550 OAK SHADOW COURT
City-St-Zip: OVIEDO, FL 32766

Title: D ( ) Delete
Name: LEWIS, J.A.
Address: 66 LASLIE PLANTATION ROAD
City-St-Zip: QUINCY, FL 32352

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MASON TD 04/26/2005
Electronic Signature of Signing Officer or Director Date