

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

05 AUG 30 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07222005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P00000023314</b> 1. Entity Name <b>PALM BAY LAWN, LAND AND TREE SERVICE, INC.</b>					
Principal Place of Business <b>1839 LEMAY DR. NE PALM BAY, FL 32905</b>			Mailing Address <b>1839 LEMAY DR. NE PALM BAY, FL 32905</b>		
2. Principal Place of Business <b>2773 Madrigal Lane</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>2773 Madrigal Lane</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>W Melbourne FL</b>		City & State <b>W Melbourne FL</b>		4. FEI Number <b>59-3626308</b>	
Zip <b>32904</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MINICK, MICHAEL J 1839 LEMAY DR. NE PALM BAY, FL 32905</b>			7. Name and Address of New Registered Agent Name <b>Michael J Minick</b> Street Address (P.O. Box Number is Not Acceptable) <b>2773 Madrigal Lane</b> City <b>W Melbourne FL</b> Zip Code <b>32904</b>		
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: <b>Michael J. Minick Reg Agent 7/22/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE D NAME MINICK, MICHAEL J STREET ADDRESS 1839 LEMAY DR. NE CITY-ST-ZIP PALM BAY, FL 32905	<input type="checkbox"/> Delete		TITLE DPS NAME minick, Michael J STREET ADDRESS 2773 Madrigal Lane CITY-ST-ZIP W Melbourne FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 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: <b>Michael J. Minick</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Michael J. Minick Pres 7/22/05 917-0536</b> <small>Date Day and Phone #</small>		

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