


2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-22-2006 90002 031 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
40096665

DOCUMENT # P00000042533			
1. Entity Name CHERRY TREE LAWN SERVICE, INC.			
Principal Place of Business 2425 NW 206 ST. MIAMI, FL 33055		Mailing Address PO BOX 552296 CORAL CITY, FL 33055	
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc. <i>N/A</i>		Suite, Apt. #, etc. <i>N/A</i>	
City & State <i>N/A</i>		City & State <i>N/A</i>	
Zip <i>N/A</i>		Country <i>N/A</i>	
4. FEI Number 65-1086852		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEPBURN, MARCUS 2125 N.W. 206TH STREET MIAMI, FL 33055		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small> DATE _____			
FILE NOW!!! FEE IS \$350.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPBURN, MARCUS 2125 NW 206TH ST MIAMI, FL 33055 <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	S HEPBURN, SHAWNESE PO BOX 55-2296 CAROL CITY, FL 33055 <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	<i>M HEPBURN, ELLIOT</i> <i>P.O. Box 55-2296</i> <i>Coral City FL, 33055</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Same</i>
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 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 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: <i>Marcus Hepburn</i>		Date: <i>6/18/06</i> 786 262-4107	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	