2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 8:00 am Secretary of State

(321)

DOCUMENT # P0000044819 1. Entity Name A NEW LOOK LAWN CARE, INC.								04-21-2005	90254 01	1 ***15	50.00
Principal Place	e of Busines:	S	Mailing Address				_				•
2728 WOODSMILL DR. MELBOURNE, FL 32934 US			2728 WOODSMILL DR. MELBOURNE, FL 32934 US					50	0417	9.0	
2. Principal P	lace of Busin	2005	3. Mailing Address								
z. mncipare	ace of busit	iess	3. Intaining Address					IIII <u>.</u> EOIII COIII OIIII <u>E</u> OIII	 		ıldırı in 1696
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03082005	Chg-P	CR2E03	4 (10/03)		
City & State			City & State				4. FEI Number 59-3642	715			oplied For ot Applicable
Zip	Country		Zip	Zip Coun		try	5. Certificate of Status Desired			8.75 Add	ditional
. —	6. Name	and Address of Currer	nt Registered A	gent			7. Name and A	ddress of New R	egistered Ag	ent	
FISHE. TIMOTHY P						Name					
2728 WOODSMILL DR MELBOURNE, FL 32934						Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Cod	e			
8. The above named entity submits this statement for the purpose of changing its register						ed office or regist	ered agent, or both	in the State of Flo		miliar with	and accept
	ions of regist		· · · · · · · · · · · · · · · · · · ·	er erreriging tie	, u g.u.u.					,	астар.
SIGNATURE_	Signature, typed	or printed name of registered age	nt and title if applicable	le. (NOTE	: Registers	d Agent signature requir	red when rainstating)		DATE	· · · · · · · · · · · · · · · · · · ·	
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550	i _	Election Campai rust Fund Contr	-	· _ •	5.00 May Be ided to Fees				
10.		OFFICERS AN	D DIRECTORS	DIRECTORS 11.			ADDITIONS/C	HANGES TO OFFI	CERS AND D	RECTORS	3 IN 11
TITLE NAME	DP FISHE TI	IMOTHY P		☐ Delete	TITLE	į.			[Change	Addition
STREET ADDRESS CITY-ST-ZIP	2728 WO	ODSMILL DRIVE RNE, FL 32934			STRE	ET ADDRESS •ST-ZIP					
TITLE	D\$T			☐ Delete	TITLE				(Change	Addition
NAME STREET ADDRESS					NAMI care	e Et address					
CITY-ST-ZIP	ł					-ST-ZIP					
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TITLE				☐ Delete	THTLE					Change	Addition
NAME CIPIET ADDRESS					NAMI	1					
STREET ADDRESS CITY-ST-ZIP					•	ET ADDRESS -ST-ZIP					
12. I hereby of indicated of the corchanged.	certify that the on this repo poration or the or on an atta	e information supplied w rt or supplemental report he receiver or fustee err achment with an address	oth this filing does t is true and accompowered to exe so, with all other li	es not qualify for urate and that n cute his report ke empowered.	the exempt signal as require	mption stated in S ture shall have the red by Chapter 60	Section 119.07(3)(i), e same legal effect 07, Florida Statutes;	Florida Statutes, I as if made under o and that my name	further certificath; that I am appears in I	y that the ir an officer Block 10 or	nformation or director Block 11 if