2005 FOR PROFIT CORPORATION

FILED Apr 08, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P00000052806 1. Entity Name LAWN ENFORCEMENT PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address P.O. BOX 2075 P.O. BOX 2075 DELAND, FL 32721 DELAND, FL 32721 02082005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3658143 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \square . 6. Name and Address of Current Registered Agent WATSON, CASEY DO NOT WRITE 3895 BRITTING DR. DELAND, FL 32724 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WATSON, CASEY NAME ---- U00000293125 04/08/05-80014-018 150.00 P.O. BOX 2075 STREET ADDRESS DELAND, FL CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-\$1-ZIP

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 exacute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR