2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P00000072214 1. Entity Name 04-24-2006 90465 042 ***150.00 LAWNCRAFTER'S OF TAMPA BAY, INC. Principal Place of Business Mailing Address 6112 WHITE SAILS LANE 6112 WHITE SAILS LANE WESLY CHAPEL FL 33544 WESLY CHAPEL FL 33544 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3663503 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEYFARTH, FRED K 6112 WHITE SAILS LN Street Address (P.O. Box Number is Not Acceptable) WESLEY CHAPEL FL 33544 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change □ Addition NAME MEYFARTH, FRED K NAME STREET ADDRESS STREET ADDRESS 6112 WHITE SAILS LANE CITY-ST-ZIP CITY-ST-ZIP WESLEY CHAPEL FL 33544 ☐ Addition ☐ Delete TITLE TITLE MOORE, STEPHEN B MOORE, STEPHEN B NAME NAME 10130 Bloomfiew HILLS DR SEFFNER, FL 33584 CHANGE TO STREET ADDRESS STREET ADDRESS 1501 W. HAMILTON AVENUE CITY-ST-ZIP TAMPA FL 33604 CITY-ST-ZIP ☐ Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7iP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 encourage.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06/813 994-3685

FILED