


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000097789</b> 1. Entity Name <b>OSLEC LAWN CARE &amp; LANDSCAPING, INC.</b>	
--	---

Principal Place of Business 904 N.E. 17TH TERRACE FT. LAUDERDALE, FL 33304	Mailing Address 1401 E. BROWARD BLVD. SUITE 206 FT. LAUDERDALE, FL 33301
--	---



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1053620</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent  HERMAN, BRUCE 1401 E. BROWARD BLVD., #206 FT. LAUDERDALE, FL 33301	<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_  
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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORGES, CELSO 904 N.E. 17TH TERRACE FT. LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BORGES, SONELIE 904 N.E. 17TH TERRACE FT. LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000254913  
03/07/05-B0091-021 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: *Celso Borges* **CELSON BORGES** 03.02.05 (954) 768-0893  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #