

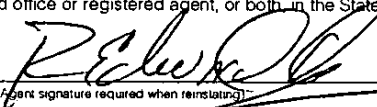



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90045 046 ***150.00

DOCUMENT # P00000106053 1. Entity Name SUNBURST TREES & LAWN CARE, INC.																									
Principal Place of Business 912 CUTLER ROAD LONGWOOD FL 32779			Mailing Address 160 WEST EVERGREEN AVENUE SUITE 251 LONGWOOD FL 32750																						
2. Principal Place of Business 598 S. RONALD REAGAN BLVD Suite, Apt. #, etc.		3. Mailing Address 598 S. RONALD REAGAN BLVD Suite, Apt. #, etc.																							
City & State LONGWOOD, FL		City & State LONGWOOD, FL		4. FEI Number 26-0010575																					
Zip 32750 Country USA		Zip 32750 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent TATO, MANUEL 160 W. EVERGREEN AVE., STE 251 LONGWOOD FL 32750				7. Name and Address of New Registered Agent Name R. Edward Cooley, Esquire Street Address (P.O. Box Number is Not Acceptable) Shepherd, McCabe & Cooley 1450 SR 434 West, Ste 200 City LONGWOOD FL Zip Code 32750																					
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  DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TATO, MANUEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>160 W EVERGREEN AVE STE 251</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGWOOD FL 32750</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	TATO, MANUEL		STREET ADDRESS	160 W EVERGREEN AVE STE 251		CITY-ST-ZIP	LONGWOOD FL 32750		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>598 S. RONALD REAGAN BLVD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGWOOD, FL 32750</td> </tr> </table>			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	598 S. RONALD REAGAN BLVD	CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	D	<input type="checkbox"/> Delete																							
NAME	TATO, MANUEL																								
STREET ADDRESS	160 W EVERGREEN AVE STE 251																								
CITY-ST-ZIP	LONGWOOD FL 32750																								
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																									
STREET ADDRESS	598 S. RONALD REAGAN BLVD																								
CITY-ST-ZIP	LONGWOOD, FL 32750																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete																								
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete																								
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete																								
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete																								
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																									
STREET ADDRESS																									
CITY-ST-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 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: 			3/31/05 407-767-0077 Date Daytime Phone #																						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																									