2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all oth

SIGNATURE:

FILED May 06, 2005 08:00 AM Secretary of State DOCUMENT # P00000106542 1. Entity Name HOWARD & SON LAWN SERVICE, INC. Mailing Address Principal Place of Business 4330 NE 6TH TERRACE POMPANO BEACH FL 33064 4330 NE 6TH TERRACE POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 65-1054462 Not Applicable Zip Country Zip 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 MCDOWELL, HOWARD LEE Street Address (P.O. Box Number is Not Acceptable) 4330 NE 6TH TERRACE POMPANO BEACH FL 33064 Zip Code City FL 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 guited when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE **PTSD** ☐ Defete TITLE MCDOWELL, HOWARD LEE NAME 4330 NE 6TH TERRACE STREET ADDRESS STREET ADDRESS CITY ST-ZIP POMPANO BEACH FL 33064 CHY-SI-ZIP ☐ Delete HILLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY, ST- 7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete THILE TITLE NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY - ST - ZIP 12. Thereby 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

like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR