


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90003 003 \*\*\*150.00

DOCUMENT # P00000108698		
1. Entity Name IBANEZ LAWN & GARDENS, INC.		

Principal Place of Business <del>482 DEEN BLVD</del> LAKE PLACID, FL 33852	Mailing Address <del>482 DEEN BLVD</del> LAKE PLACID, FL 33852
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50000448

2. Principal Place of Business 412 W. Interlake Blvd Suite, Apt. #, etc.	3. Mailing Address 412 W. Interlake Blvd Suite, Apt. #, etc.
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01042005 Chg-P CR2E034 (10/03)

City & State	City & State
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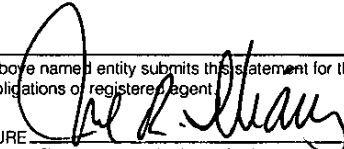
4. FEI Number 65-1079529	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  IBANEZ, JOSE R <del>482 DEEN BLVD</del> LAKE PLACID, FL 33852	
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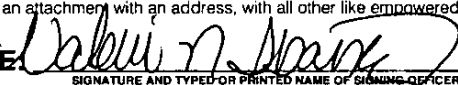
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 412 W. Interlake Blvd City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 12-31-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD IBANEZ, JOSE R 165 S JEFFERSON AVENUE LAKE PLACID, FL 33852 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS IBANEZ, VALERIE N 165 S JEFFERSON AVENUE LAKE PLACID, FL 33852 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 	DATE 12/31/04 (863) 465-2618