


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000007466 1. Entity Name SPECTACULAR VIEW LAWN MAINTENANCE, INC.						DEPARTMENT OF STATE DIVISION OF CORPORATIONS 06 FEB 22 AM 9:22	
Principal Place of Business P O BOX 621125 OVIEDO, FL 32762				Mailing Address P O BOX 621125 OVIEDO, FL 32762			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HERRMAN, WILLIAM R ESQ. 445 DOUGLAS AVENUE SUITE 1705 ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name JOSEPH R. Gumble Street Address (P.O. Box Number is Not Acceptable) 2500 County Road 419 City chuluota FL Zip Code 32766			
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: <u>Joseph R Gumble Jr.</u> DATE: <u>2-15-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME GUMBLE, JOSEPH R STREET ADDRESS 2500 COUNTY RD. 419 CITY-ST-ZIP CHULUOTA, FL 32766				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 900067450139 03/09/06--01017--014 **158.75			
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			
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			
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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: <u>Joseph R Gumble Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>2-15-06</u> Daytime Phone # <u>407-947-5028</u>			