

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000022819

1. Entity Name  
CHOO-CHOO LAWN EQUIPMENT, INC.



Principal Place of Business      Mailing Address  
3206 SYDNEY ROAD      3206 SYDNEY RD  
PLANT CITY, FL 33566      PLANT CITY, FL 33566



03112005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
59-3710546      Not Applicable

5. Certificate of Status Desired      ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

THE STITZEL LAW GROUP  
206 N COLLINS ST  
PLANT CITY, FL 33566

**DO NOT WRITE  
IN THIS SPACE**

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      D  
NAME      SCHOFIELD, DANNY R SR  
STREET ADDRESS      4707 KEENE RD  
CITY-ST-ZIP      PLANT CITY, FL 33565

TITLE      D  
NAME      SCHOFIELD, TERESA J  
STREET ADDRESS      4707 KEENE RD  
CITY-ST-ZIP      PLANT CITY, FL 33565

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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03/25/05-80015-010 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-05