

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030107

FILED
Apr 29, 2005
Secretary of State

Entity Name: PROCARE LANDSCAPE & LAWN SERVICES, INC.

Current Principal Place of Business:

5055 GARFIELD RD.
DELRAY BEACH, FL 33484

New Principal Place of Business:

4545 SUGAR PINE DR
BOCA RATON, FL 33487

Current Mailing Address:

5055 GARFIELD RD.
DELRAY BEACH, FL 33484

New Mailing Address:

4545 SUGAR PINE DR
BOCA RATON, FL 33487

FEI Number: 65-1106068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITING, LORRAINE
5055 GARFIELD RD.
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

WHITING, LORRAINE
4545 SUGAR PINE DR
BOCA RATON, FL 33487 US

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.

SIGNATURE:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITING, RON C
Address: 5055 GARFIELD RD.
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP () Delete
Name: WHITING, LORRAINE
Address: 5055 GARFIELD RD.
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHITING, RON C
Address: 4545 SUGAR PINE DR
City-St-Zip: BOCA RATON, FL 33487

Title: VP (X) Change () Addition
Name: WHITING, LORRAINE
Address: 4545 SUGAR PINE DR
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE WHITING

VP

04/29/2005

Electronic Signature of Signing Officer or Director

Date