2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 07-15-2005 90020 027 ***150.00 DOCUMENT # P01000031834 1. Entity Name A & L LAWN SERVICE, INC. **70004164** Principal Place of Business Mailing Address 12850 81ST CT 12850 81ST CT SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 06302005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1107394 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRAHAM, ALLEN DO NOT WRITE 12850 81ST CT SEBASTIAN, FL 32958 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. (NOTE: Registered Agent signature required when reinstature) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. DPT TITLE NAME GRAHAM, ROBERT A STREET ADORESS 12850 81ST CT CITY-ST-ZIP SEBASTIAN, FL 32958 DVS TITLE GRAHAM, MARY E NAME STREET ADDRESS 12850 81ST CT CITY-ST-ZIP SEBASTIAN, FL 32958 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITI F 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 attachingen with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Jul 15, 2005 8:00 am

Daytime Phone #