2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# P01000040086

Entity Name: SNEED'S LAWN & LANDSCAPE, INC.

Current Principal Place of Business:

14 SHELL AVE SE
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

PO BOX 961
SHALIMAR, FL 32579

Current Mailing Address:

14 SHELL AVE SE
FT. WALTON BEACH, FL 32548

New Mailing Address:

PO BOX 961
SHALIMAR, FL 32579

FEI Number: 59-3711873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNEED, TRACY L
870 MASTERS BLVD
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

SNEED, TRACY L
45 RED BAY CT
SANTA ROSA BEACH, FL 32459 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: _____ 04/13/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SNEED, ROBERT J JR
Address: 870 MASTERS BLVD
City-St-Zip: SHALIMAR, FL 32579

Title: VST ( ) Delete
Name: SNEED, TRACY L
Address: 870 MASTERS BLVD
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SNEED, ROBERT J JR
Address: 45 RED BAY CT
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VST (X) Change ( ) Addition
Name: SNEED, TRACY L
Address: 45 RED BAY CT
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: TRACY SNEED VPST 04/13/2005
Electronic Signature of Signing Officer or Director — Date