

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90029 020 \*\*\*158.75

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02022006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P01000041170</b>			
1. Entity Name DENNY'S LAWN CARE INC			
Principal Place of Business PO BOX 587 EDGEWATER, FL 32132		Mailing Address PO BOX 587 EDGEWATER, FL 32132	
2. Principal Place of Business 229 Oak Branch Drive		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Edgewater, Florida		City & State	
Zip 32132	Country USA	Zip	Country
4. FEI Number 59-3715040		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BARR, DENNIS E 510 RIVERSIDE DR EDGEWATER, FL 32132		7. Name and Address of New Registered Agent Name: Barr, Dennis E. Street Address (P.O. Box Number is Not Acceptable) 229 Oak Branch Drive City: Edgewater FL Zip Code: 32132	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BARR, DENNIS E 510 RIVERSIDE DR EDGEWATER, FL 32132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Barr, Dennis E. 229 Oak Branch Dr. Edgewater, FL. 32132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARR, DANIEL 510 RIVERSIDE DR EDGEWATER, FL 32132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Barr, Daniel 229 Oak Branch Dr. Edgewater, FL. 32132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 2nd Barr Cynthia 229 Oak Branch Dr Edgewater, FL. 32132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Dennis Barr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2-12-06</u> 386 Daytime Phone #: <u>409-9991</u>	