

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000073251

FILED
Mar 27, 2005
Secretary of State

Entity Name: A PERSONAL TOUCH LANDSCAPE & LAWN CARE COMPANY

Current Principal Place of Business:

PO BOX 656
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

PO BOX 656
OSPREY, FL 34229

New Mailing Address:

FEI Number: 65-1124515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREWETT, DANIEL L
5777 BENEVA ROAD SOUTH
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: KLINE, LIBBY C
Address: 217 PATTERSON AVE
City-St-Zip: OSPREY, FL 34229

Title: VPD () Delete
Name: KLINE, LOUIS
Address: 217 PATTERSON AVE
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: KLINE, LIBBY C
Address: 230 OLD VENICE RD.
City-St-Zip: OSPREY, FL 34229

Title: VPD (X) Change () Addition
Name: KLINE, LOUIS
Address: 230 OLD VENICE RD.
City-St-Zip: OSPREY, FL 34229

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: LIBBY C. KLINE

PRES

03/27/2005

Electronic Signature of Signing Officer or Director

Date