

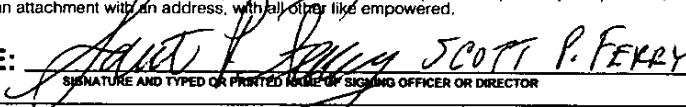


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90171 038 ***158.75

DOCUMENT # P01000076285					
1. Entity Name FERRY LAWN SERVICE, INC.					
Principal Place of Business 3661 SW COQUINA COVE WAY PALM CITY, FL 34990			Mailing Address PO BOX 977 PALM CITY, FL 34991		
2. Principal Place of Business 2253 S.W. OLYMPIC CLUB TER		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PALM CITY, FL		City & State		4. FEI Number 65-1133211	
Zip 34990		Country MARTIN		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERRY, SCOTT P 3661 SW COQUINA COVE WAY PALM CITY, FL 34990			7. Name and Address of New Registered Agent		
Name			JOSEPH J. FERRY 3RD		
Street Address (P.O. Box Number is Not Acceptable)			2253 S.W. OLYMPIC CLUB TERRACE		
City			PALM CITY		FL
Zip Code			34990		
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: JOSEPH J. FERRY 3RD				1/9/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME FERRY, SCOTT P	PO BOX 977		NAME JOSEPH J. FERRY 3RD	P.O. BOX 977	
STREET ADDRESS	PALM CITY, FL 34991		STREET ADDRESS	PALM CITY, FL 34991	
CITY-ST-ZIP	PALM CITY, FL 34991		CITY-ST-ZIP	PALM CITY, FL 34991	
TITLE 	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:				1/9/06	
Signature and typed or printed name of signing officer or director		SCOTT P. FERRY		712-288-3265	
Date		Daytime Phone #			