## 2005 FOR PROFIT CORPORATION

TITLE NAME STREET ADDRESS DITY-ST-ZIP

## **FILED ANNUAL REPORT** Jul 05, 2005 08:00 AM DOCUMENT # P01000084791 Secretary of State BELL'S LANDSCAPE MAINTENANCE, INC. Principal Place of Business Mailing Address 667 PARADI LANE 667 PARADI LANE ORLANDO, FL 32825 ORLANDO, FL 32825 06292005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3643828 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BELL, VIRGINIA H DO NOT WRITE 667 PARADI LANE ORLANDO, FL 32825 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE |\$ \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE BELL, WILLIAM D NAME STREET ADDRESS 667 PARADI LANE U00000370467 07/05/05-80016-004 150.00 ORLANDO, FL 32825 CTTY-57-23P ППЕ BELL, DAVID S NAME STREET ADDRESS 667 PARADI LANE ORLANDO, FL 32825 COTY-ST-7/P TITLE BELL, VIRGINIA H NAME STREET ADDRESS 667 PARADI LANE DO NOT WRITE ORLANDO, FL 32825 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

SIGNATURE: