2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or go an attachment with

SIGNATURE:

Feb 02, 2005 08:00-AM **DOCUMENT # P01000094441** Secretary of State RUDY CARL'S LAWN CARE SERVICE, INC. Principal Place of Business Mailing Address 7840 TIMBERLIN PARK BLVD 7840 TIMBERLIN PARK BLVD JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 CR2E034 (10/03) 01312005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3747324 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WATSON, TODD ESQ DO NOT WRITE 7785 BAYMEADOWS WAY SUITE 107 JACKSONVILLE, FL 32256 IN THIS SPACE \$. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agnature required when rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. 2 Added to Fees U00000210346 OFFICERS AND DIRECTORS 10. D TITLE THORWART, CARL NAME STREET ADDRESS 7840 TIMBERLIN PARK BLVD CITY-ST-ZIP JACKSONVILLE, FL 32256 TOF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP RIBE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for he exemption stated in Section 119.07(3)(i). Flortda Statutes. I further certify that the information indicated on this report or emplemental 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 Justee empowered to execute this report as required by Chapter 607, Flortda Statutes; and that my name appears in Block 10 or Block 11 if

FILED