2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State
04-12-2005 90152 018 ***150.00

DOCUMENT # P01000104621

1. Entity Name
GREENCARE LAWN & LANDSCAPE, INC.

Principal Place of Business	Mailing Address
3617 CROWN POINT ROAD SUITE 2 JACKSONVILLE, FL 32257	P O BOX 24668 JACKSONVILLE, FL 32241-4668

400426954

01172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7013 Hanson Dr S	7013 Hanson Dr S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32210 Country: DUVAL	Zip: 32210 Country: DUVAL

4. FEI Number: 59-3752447 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERNANDEZ, MEREDITH A 3617 CROWN POINT ROAD SUITE 2 JACKSONVILLE, FL 32257	Name: Sharon Ivey Street Address (P.O. Box Number is Not Acceptable): 7013 Hanson Dr S City: Jacksonville **FL** Zip Code: 32210

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: Sharon Ivey, Secretary — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP IVEY, PAUL G POST OFFICE BOX 24668 JACKSONVILLE, FL 322414668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Ivey, Paul G 11504 Knobby Way Jacksonville, FL 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV IVEY, RONALD J POST OFFICE BOX 24668 JACKSONVILLE, FL 322414668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ivey, Ronald J DV 7013 Hanson Dr S Jacksonville, FL 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS IVEY, M. SHARON POST OFFICE BOX 24668 JACKSONVILLE, FL 322414668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ivey, M. Sharon DS 7013 Hanson Dr S Jacksonville, FL 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST IVEY, SHARON M PO BOX 24668 JACKSONVILLE, FL 322414668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ferguson, Tracie DST 11504 Knobby Way Jacksonville, FL 32223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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: Sharon Ivey, Secretary — 4/7/05 — 904 772-0880 EX 190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #