2005 FOR PROFIT CORPORATION

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| . ANNUAL REPORT | | | | Mar 14, 2005 08:00 A | |
|--|--|---|--|--|--|
| DOCU | IMENT # P01000121 | 995 | | Secretary of State | |
| 1. Entity Name GREG'S LAWN MAINTENANCE, INC. | | | | | · · |
| | , | | | | |
| Principal Pla | ce of Business | Mailing Address | Little Control | Control of the second of the s | १ अम्ब अ ग रा १ <u>१</u> |
| 2015 CAMIL | | 2015 CAMILO ST PORT ST LUCIE, FL 34952 | The second secon | And the second s | • • |
| PORTSILL | JCIE, FL 34952 | FORT ST LUCIE, FE 34932 | | } | RI MURNI RIMIM IRMIN IRMIK INGAN ANIKA WIJIMMA IR IKAN |
| | | | ··· | | |
| | | • | **** | acceptant No Cha P | CD0F004 (40/00) |
| ļ | OO NOT WRITE | IN THIS SPA | CE. | 03022005 No Chg-P | <u> </u> |
| | JO 1401 10111111 | | .~. | 4. FEI Number 01-0552962 | Applied For Not Applicable |
| { | | | • | 5. Certificate of Status Desir | ed \$8.75 Additional Fee Required |
| | 6. Name and Address of Current | Registered Agent | | and the second s | |
| | R, MISTY S | | | DO NOT | WRITE |
| 2015 CAN | MILO ST LUCIE, FL 34952 | | | | |
| } | · | · | } | IN THIS S | PACE |
| <u> </u> | | | 1 17 | industrial and the State Charles | 6 Classical Land familiary of the and connect |
| | e named entity submits this statement for ations of registered agent. | r the purpose of changing its regist | iered ource at tedizier | ed agent, or poth, in the State t | of Florida. I am familiar wiln, and accept |
| SIGNATURE | | NOTE IN COLUMN | | Labora est atation) | DATE |
| | Signature, typed or printed name of registered agent a | and title ir applicabile. (NOTE: Regist | tered Agent signature required | when (Onstating) | DAILE |
| FII After M | LE NOW!!! FRE IS \$150.00 May 1, 2005 Fee will be \$550.0 | Election Campaign Fir Trust Fund Contribution | | .00 May Be ed to Fees | |
| 10. | OFFICERS AND | DIRECTORS | | | |
| TITLE NAME | DP SCHERER, GREGORY D | | | | |
| STREET ADDRESS | 2015 CAMILO ST | • | | | |
| CITY-ST-ZIP | PORT ST LUCIE, FL 34952 | | | | |
| NAME | SCHERER, MISTY S | | | 03/14/0 | 100 <u>262751</u> 5-80067-014 (50.00 |
| STREET ADDRESS CITY-ST-ZIP | DORT ST LUCIE, FL 34952 | | | | - 00001 014 100.00 |
| TITLE | | | | | |
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| CITY-ST-ZIP | | _ | DO NOT WRITE | | |
| NAME | | | | IN THIS S | SPACE |
| STREET ADDRESS | | |] | | |
| TITLE | | | | | |
| NAME STREET ADDRESS | | | | | |
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| TITLE | | | | | |
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| NAME STREET ADDRESS CITY-ST-ZIP | | 1 | | | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772-335-8565