2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2005 8:00 am Secretary of State 02-02-2005 90073 043 ***150.00 **DOCUMENT # P01000122525** 1. Entity Name C & R LAWN SERVICE, INC. 20006808 Principal Place of Business Mailing Address 108 ROYAL COVE DR. 108 ROYAL COVE DR. NAPLES, FL 34110 NAPLES, FL 34110 01212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0558833 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAUTISTA, CELSO DO NOT WRITE 108 ROYAL COVE DR. NAPLES, FL 34110 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D/P/8/7 TITLE BAUTISTA, CELSO NAME STREET ADDRESS 108 ROYAL COVE DR. CITY-ST-ZIP NAPLES, FL 34110 TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED