
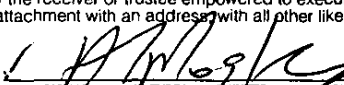


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90042 011 ***150.00

| | | | | | |
|--|---|--|---|--|---|
| DOCUMENT # P02000000302 | | | |  | |
| 1. Entity Name MOSLEY LAWN CARE, INC. | | | | | |
| Principal Place of Business 5110 PREVATT LN FT MYERS, FL 33905 | | | Mailing Address 5110 PREVATT LN FT MYERS, FL 33905 | | |
| 2. Principal Place of Business 48473 Bermont Road Suite, Apt. #, etc. | | 3. Mailing Address 48473 Bermont Road Suite, Apt. #, etc. | | | |
| City & State Punta Gorda, FL | | City & State Punta Gorda, FL | | 4. FEI Number 80-0002914 | |
| Zip 33982 | | Country Charlotte | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOSLEY, ALBERT T 5110 PREVATT LN FT MYERS, FL 33905 | | | 7. Name and Address of New Registered Agent Name: Albert T. Mosley Street Address (P.O. Box Number is Not Acceptable): 48473 Bermont Road City: Punta Gorda, FL Zip Code: 33982 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D MOSLEY, ALBERT T 5110 PREVATT LN FT MYERS, FL 33905 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 48473 Bermont Road Punta Gorda, FL 33982 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAMPBELL, PRESLEY S IV 11513 TIMBERLINE CIR FT MYERS, FL 33912 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | | 12/10/06 1239 872 0528 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |