

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90040 025 ***150.00

DOCUMENT # P02000028931					
1. Entity Name DAVID MONROE LANDSCAPE MANAGEMENT SERVICES, INC.					
Principal Place of Business 4520 MOBILAIRE DRIVE ORLANDO, FL 32857			Mailing Address P.O. BOX 574224 ORLANDO, FL 32857		
2. Principal Place of Business 5207 Forzley St Suite, Apt. #, etc.		3. Mailing Address 5207 Forzley St Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 02-0578363	
Zip 32812		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONROE, DAVID 5207- FORZLEY-ST- ORLANDO, FL 32812			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u>David Monroe - V. Pres - David Monroe</u> DATE: <u>Feb 4 - 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 VPD NAME MONROE, DAVID STREET ADDRESS 5207- FORZLEY ST. CITY-ST-ZIP ORLANDO, FL 32812	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME MONROE, LOURDES STREET ADDRESS 5207-FORLEY ST. CITY-ST-ZIP ORLANDO, FL 32812	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>David Monroe - V. Pres - David Monroe</u>			Date: <u>Feb 4-2005</u> Daytime Phone #: <u>407-325-4190</u>		