


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90260 008 ***150.00

DOCUMENT # P02000047756	
1. Entity Name TOTAL LAWN CARE INC	

Principal Place of Business 12951 BLUE LAKE DR WELLINGTON FL 33414	Mailing Address 12951 BLUE LAKE DR WELLINGTON FL 33414
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2. Principal Place of Business 12951 BLUE LAKE DR Suite, Apt. #, etc.	3. Mailing Address 12951 Blue Lake Dr Suite, Apt. #, etc.
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City & State Wellington Florida	City & State Wellington FL
Zip 33414	Zip 33414
Country PAUL BEACH	Country PAUL BEACH



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent VEGA, EMILIO 12951 BLUE LAKE DR WELLINGTON FL 33414	
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 *Emilio Vega* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VEGA, EMILIO 12951 BLUE LAKE DR WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Emilio Vega* **2/23/05 - 561-7825388**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #