2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# P02000054321

Entity Name: ACTIVE LAWN CARE AND LANDSCAPING, INC.

Current Principal Place of Business:

POST OFFICE BOX 1611
MINNEOLA, FL 34755

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1611
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: 81-0551945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUTLER, SHARI
12215 BRUCE HUNT ROAD
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

BUTLER, SHARI
12215 BRUCE HUNT ROAD
CLERMONT, FL 34715 US

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.

SIGNATURE: 01/13/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BUTLER, VICTOR B
Address: POST OFFICE BOX 1611
City-St-Zip: MINNEOLA, FL 34755

Title: SD ( ) Delete
Name: BUTLER, SHARI D
Address: POST OFFICE BOX 1611
City-St-Zip: MINNEOLA, FL 34755

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD ( ) Change (X) Addition
Name: ARNEGARD, DANIEL R
Address: POST OFFICE BOX 1611
City-St-Zip: MINNEOLA, FL 34755

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARI D. BUTLER SD 01/13/2005
Electronic Signature of Signing Officer or Director — Date