

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000061417

FILED  
Apr 23, 2005  
Secretary of State

Entity Name: BUSY BEE'S LANDSCAPING & IRRIGATION, INC.

## Current Principal Place of Business:

11739 GRACE'S WAY  
CLERMONT, FL 34711

## New Principal Place of Business:

467 SHADY CREEK LANE  
CLERMONT, FL 34711

## Current Mailing Address:

11739 GRACE'S WAY  
CLERMONT, FL 34711

## New Mailing Address:

467 SHADY CREEK LANE  
CLERMONT, FL 34711

FEI Number: 48-1261982

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOELLER, SUSAN M  
11739 GRACE'S WAY  
CLERMONT, FL 34711 US

## Name and Address of New Registered Agent:

MOELLER, BRIAN J  
467 SHADY CREEK LANE  
CLERMONT, FL 34711 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: BRIAN J MOELLER

04/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: STRICKLAND, JAMES B  
Address: 1324 DISSTON AVE  
City-St-Zip: CLERMONT, FL 34711 US

Title: PT ( ) Delete  
Name: MOELLER, BRIAN J  
Address: 11739 GRACE'S WAY  
City-St-Zip: CLERMONT, FL 34711 US

Title: S (X) Delete  
Name: PAREDES, CARLOS J  
Address: 786 E ANDERSON RD.  
City-St-Zip: GROVELAND, FL 34736 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VS (X) Change ( ) Addition  
Name: STRICKLAND, JAMES B  
Address: 1324 DISSTON AVE  
City-St-Zip: CLERMONT, FL 34711 US

Title: PT (X) Change ( ) Addition  
Name: MOELLER, BRIAN J  
Address: 467 SHADY CREEK LANE  
City-St-Zip: CLERMONT, FL 34711 US

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

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: BRIAN J MOELLER

PT

04/23/2005

Electronic Signature of Signing Officer or Director

Date