2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 01, 2005 08:00 AM Secretary of State DOCUMENT # P02000079266 1. Entity Name FAIRWAYS LAWN SERVICE, INC. Mailing Address Principal Place of Business 15508 PEBBLE RIDGE ST 15508 PEBBLE RIDGE ST WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2. Principal Place of Business_ 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc 1st MOORE CR2E034 (10/04) City & State City & State 4 EEI Number Applied For 61-1420077 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PINEDA, SONIA N Street Address (P.O. Box Number is Not Acceptable) 15508 PEBBLE RIDGE ST WINTER GARDEN FL 34787 City 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 printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete нле Change TT Addition PINEDA, SONIA N NAME NAME STREET ADDRESS 15508 PEBBLE RIDGE ST STREET ADDRESS 04/01/05-80006-015 150.00 CITY-ST-ZIP WINTER GARDEN FL 34787 CITY - ST - ZIP TITLE Delete TITE ☐ Change ☐ Addition NAME PINEDA, MARILYN NAME 15520 PEBBLE RIDGE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787 CITY-ST-7P THILE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Change ☐ Addition Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-Si-ZIP TITLE ☐ Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP uueDelete HILL Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

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:

FILED

4079054500