## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



**FILED** Apr 06, 2005 8:00 am Secretary of State

| 1. Entity Name UNTOUCHABLE LAWN CARE, INC.  |  |                         |  |  |  | 04-06-2005 90094 035 ***150.00                           |                       |                                  |                            |                              |
|---|--|-------------------------|--|--|--|--|-----------------------|----------------------------------|----------------------------|------------------------------|
| Principal Plac  | e of Business  | Ma                      | ailing Address                         |  | ** *   | 1  | 400410                | ) f 🛏                            |                            |                              |
| 7591 STIDHAM DR   |  |                         | 7591 STIDHAM DR.<br>Orlando, Fl. 32819 |  |  |  | 1.7.                  |                                  |                            |                              |
|   | · -,   |                         | • •                                    |  |  |  | EILE (1811 8811) 8811 | II <b>Bribi 18</b> 11 <b>6</b> 1 | NET BUTE ITUE              |                              |
| 2. Principal Place of Business  |  | 3. 1                    | 3. Mailing Address                     |  |  |  |                       |                                  |                            |                              |
| Suite, Apt. #, etc.   |  | S                       | Suite, Apt. #, etc.                    |  |  | 03172005   | Chg-P                 | CR2E0                            | 34 (10/03)                 |                              |
| City & State  |  | (                       | City & State                           |  | ·  | 4. FEI Number 56-2286046                                 |                       |                                  |                            | plied For<br>t Applicable    |
| Zip   | Country  |                         | Zip Cou                                |  | у  | 5. Certificate of Status Desired S8.75 Addi Fee Required |                       |                                  |                            |                              |
|   | 6. Name and Address of (                             | Current Regist          | tered Agent                            |  |  | 7. Name and A  | ddress of New R       | legistered A                     | Agent                      |                              |
| !   |  |                         |  |  | Name   |  |                       |                                  |                            |                              |
| GONELL, CESAR M<br>7591 STIDHAM DR.<br>ORLANDO, FL 32819  |  |                         |  |  | Street Address (P.O. Box Number is Not Acceptable)                     |  |                       |                                  |                            |                              |
| OKLANDO   | ), FL 32019  |                         |  |  |  |  |                       |                                  |                            |                              |
|   |  |                         |  |  | City   | FL   |                       |                                  |                            | )                            |
|   | named entity submits this state                      | ement for the p         | urpose of changing its                 | registered   | d office or registe  | ered agent, or both                                      | , in the State of Flo | orida. I am                      | familiar with,             | and accept                   |
| lile obligat  | nons or registered agent.                            |                         |  |  |  |  |                       |                                  |                            |                              |
| SIGNATURE.  | Signature, typed or printed name of registe          | ered agent and title if | fapplicable. (NOTI                     | E: Registered A  | Agent signature require  | ed when reinstating)                                     |                       | OATE                             | ·                          |                              |
|   |  |                         | 9. Election Campa                      |  | ring &E  | 5.00 May Be  |                       |                                  |                            | -                            |
| After Ma  | .E NOW!!!  FEE IS \$150.<br>ay 1, 2005 Fee will be : | 00                      |  | ngiri niano  | ,a   |  |                       |                                  |                            |                              |
| L   |  | \$55U.UU                | Trust Fund Cont                        | tribution.   | 🗀 Åd   | ded to Fees  |                       |                                  |                            |                              |
| 10.   | OFFICE   | RS AND DIREC            |  | tribution.   | Ad   | ded to Fees  | HANGES TO OFF         | ICERS AND                        | DIRECTORS                  | S IN 11                      |
| TITLE   | PS   | RS AND DIREC            |  | 11.  | Ad   | ded to Fees  | HANGES TO OFF         | ICERS AND                        | D DIRECTORS  Change        | S IN 11                      |
| TITLE<br>NAME   | PS<br>MOREL-GONELL, CESAF                            | RS AND DIREC            | CTORS                                  | 11.  | Ad   | ded to Fees  | HANGES TO OFF         | ICERS AND                        |                            |                              |
| TITLE   | PS<br>MOREL-GONELL, CESAF<br>7591 STIDHAM DR         | RS AND DIREC            | CTORS                                  | 11.  | I ADDRESS  | ded to Fees  | HANGES TO OFF         | ICERS AND                        |                            |                              |
| TITLE NAME STREET ADDRESS   | PS<br>MOREL-GONELL, CESAF                            | RS AND DIREC            | CTORS                                  | 11.<br>TITLE<br>NAME<br>STREET   | I ADDRESS  | ded to Fees  | HANGES TO OFF         | ICERS AND                        |                            |                              |
| IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME  | PS<br>MOREL-GONELL, CESAF<br>7591 STIDHAM DR         | RS AND DIREC            | Delete                                 | 11. TITLE NAME STREET CITY-S TITLE NAME  | I ADDRESS  | ded to Fees  | HANGES TO OFF         | ICERS AND                        | ☐ Change                   | Addition                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | PS<br>MOREL-GONELL, CESAF<br>7591 STIDHAM DR         | RS AND DIREC            | Delete                                 | 11. TITLE NAME STREET CITY-S TITLE NAME STREET   | I ADDRESS T ADDRESS  | ded to Fees  | HANGES TO OFF         | ICERS AND                        | ☐ Change                   | Addition                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PS<br>MOREL-GONELL, CESAF<br>7591 STIDHAM DR         | RS AND DIREC            | Delete                                 | 11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S  | I ADDRESS T ADDRESS  | ded to Fees  | HANGES TO OFF         | ICERS AND                        | ☐ Change                   | 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.

TITLE

NAME 34

CITY-ST-ZIP

STREET ADDRESS.

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

Delete :

3-17-05

Daytime Phone #

☐ Change

Addition