

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90088 008 ***150.00

DOCUMENT # P02000084162

1. Entity Name
YARDMAN LAWNCARE INC.



Principal Place of Business Mailing Address

**1618 NEW HAMPSHIRE AVE.
 LYNN HAVEN, FL 32444** **1618 NEW HAMPSHIRE AVE.
 LYNN HAVEN, FL 32444**

40040040

2. Principal Place of Business 3. Mailing Address

2510 East Ave **2510 East Ave**

Suite, Apt. #, etc. Suite, Apt. #, etc.



02252005 Chg-P CR2E034 (10/03)

City & State City & State

Panama City, FL **Panama City, FL**

4. FEI Number Applied For

04-3704708 Not Applicable

Zip Country Zip Country

32405 **32405**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PITTS, THOMAS J 1618 NEW HAMPSHIRE AVE. LYNN HAVEN, FL 32444		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PITTS, THOMAS B 1613 NEW HAMPSHIRE AVE. LYNN HAVEN, FL 32444 <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: Thomas Pitts / Thomas Pitts pres. Date: 2/20/05 Daytime Phone #: 850-258-3008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR