


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90219 050 ***150.00

DOCUMENT # P02000097171	
1. Entity Name PRO MOW LAWN SERVICE INC	

Principal Place of Business 3232 7TH AVE N. ST PETERSBURG, FL 33713	Mailing Address 3232 7TH AVE N. ST PETERSBURG, FL 33713
---	---

DO NOT WRITE IN THIS SPACE

	
02132005	No Chg-P CR2E034 (10/03)
4. FEI Number 01-0743551	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
DEMAURO, ANDREW 3232 7TH AVE N. ST PETERSBURG, FL 33713	

DO NOT WRITE IN THIS SPACE

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 _____
-----------------	--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMAURO, ANDREW 3232 7TH AVE N. ST PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: 	4-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANDREW DEMAURO, Pres	Date _____ Daytime Phone # _____