## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000099061

## FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90280 038 \*\*\*150.00

FLORIDA LAWN CARE SERVICES, INC.				14010813					
Pinicipal Place	e of Business	Mailing Address			19010	030			
3314 HAVILA	ND CT. #103	PO BOX 1561		1		\$. \$4			
PALM HARBO	)R, FL 34684	PALM HARBOR, FL 3468	32	-		·			
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2. Principal Pl	Havi land Ct. #103	3. 19 19 DEX 1561							
Suits Apr #, etc		Suite, Apt. #, etc.		04122005	Chg-P	CR2E034	(10/03)		
Palm Harbon, FL		City & State M HA	City & State M. Hay bron, Fl.		352		<del></del>	plied For Applicable	
346	Q11 Country	2016 (A)	Country		f Status Desired		8.75 Add	itional	
<u> </u>		04402	$\mu$	<u> </u>		FE	se Required	1	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent					
SYMONS, STEPHENIE									
3314 HAVILAND CT. #103			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
PALM HAF	RBOR, FL 34684			1/1/	W.				
			City		·/	<b></b> 1	Zlp Code		
						FL	<u> </u>		
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	egistered office or registe	ered agent, or both	i, in the State of F	florida. I am fai	miliar with,	and accept	
trici sasaigua	iona en registered agent.								
SIGNATURE.	Signature, typed or printed mame of registered agent	and the if applicable. (NOTE:	Registered Agent signature requin	ed when reinstating)		DATE		.,	
								<u> </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Trust Fund Contribu				5.00 May Be ded to Fees					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/0	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
FITLE	D	☐ Delete	TITLE				Change	Addition	
NAME	SYMONS, STEPHENIE		Name						
STREET ADDRESS	3314 HAVILAND CT. #103		STREET ADDRESS						
(31Y+03+21P	PALM HARBOR, FL 34684		CATY-ST-ZAP						
ULE		☐ Delete	TITLE				Change	Addition	
NAME expect approprie			NAME						
STREET ADDRESS. CITY ST 2IP			STREET ADDRESS CITY-ST-ZIP						
IIIu		☐ Delete	TITLE				☐ Change	☐ Addition	
TIARIE.			NAME						
STREET ADURESS			STREET ADDRESS						

12. Thereby 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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

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NAME STREET AIXORESS

SIGNATURE:

GHY-SE-2iP

STREET ADDRESS

CHY-ST-ZP

Offy-ST-ZIP

SHIELD ADDRESS

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HAME STREET ADDRESS

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

Delete

1/26/05 72796

Change

Change

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Addition

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