2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100188

Entity Name: ALL-OUT LAWN CARE AND HOME MAINTENANCE, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:		New Princ	cipal Place of Business:	
	NTER ST. E. RES, FL 33936			
Current Mailing Address:		New Maili	New Mailing Address:	
	NTER ST. E. RES, FL 33936			
FEI Number:	74-3061672 FEI Number Applied For	() FEI Number Not App	olicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
ROSENBLUM, MICHAEL T 866 CARPENTER ST. E. LEHIGH ACRES, FL 33936 US				
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.				
SIGNATURE:				
Electronic Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	V () Delete BROWNING, KEVIN M 4632 29TH ST SW LEHIGH ACRES, FL 33971	Title: Name: Address: City-St-Zip:	S/T (X) Change () Addition FRUAUFF, JOSHUA N 500 ARTHUR AVE. LEHIGH ACRES, FL 33936 US	
Title: Name: Address: City-St-Zip:	V () Delete BATEMAN, FREEMAN R JR. 816 EDISON AVE LEHIGH ACRES, FL 33936	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition SMALLWOOD, WILLIAM W PO BOX 1791 LEHIGH ACRES, FL 33972 US	
Title: Name: Address: City-St-Zip:	V () Delete KINNEY, BRIAN R 4802 4TH ST. W. LEHIGH ACRES, FL 33971	Title: Name: Address: City-St-Zip:	P (X) Change () Addition FEE, MICHAEL A 866 CARPENTER ST EAST LEHIGH ACRES, FL 33936 US	
Title: Name: Address: City-St-Zip:	P (X) Delete FEE, MICHAEL A 866 CARPENTER ST. E. LEHIGH ACRES, FL 33936	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T/S (X) Delete ROSENBLUM, MICHAEL T 866 CARPENTER ST. E. LEHIGH ACRES, FL 33936	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	V (X) Delete SMALLWOOD, WILLIAM W P.O. BOX 1791	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. FEE P 04/29/2005