

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100188

FILED  
Feb 23, 2006  
Secretary of State

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

## Current Principal Place of Business:

866 CARPENTER ST. E.  
LEHIGH ACRES, FL 33936

## New Principal Place of Business:

220 HIGHVIEW AVE  
LEHIGH ACRES, FL 33936

## Current Mailing Address:

866 CARPENTER ST. E.  
LEHIGH ACRES, FL 33936

## New Mailing Address:

220 HIGHVIEW AVE  
LEHIGH ACRES, FL 33936

FEI Number: 74-3061672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSENBLUM, MICHAEL T  
866 CARPENTER ST. E.  
LEHIGH ACRES, FL 33936 US

## Name and Address of New Registered Agent:

SMALLWOOD, WILLIAM W  
220 HIGHVIEW AVE  
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: WILLIAM SMALLWOOD

02/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S/T (X) Delete  
Name: FRUAUFF, JOSHUA N  
Address: 500 ARTHUR AVE.  
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: VP ( ) Delete  
Name: SMALLWOOD, WILLIAM W  
Address: PO BOX 1791  
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: P (X) Delete  
Name: FEE, MICHAEL A  
Address: 866 CARPENTER ST EAST  
City-St-Zip: LEHIGH ACRES, FL 33936 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: SMALLWOOD, WILLIAM W  
Address: 220 HIGHVIEW AVE  
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILLIAM SMALLWOOD

P

02/23/2006

Electronic Signature of Signing Officer or Director

Date