


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000113644  
 1. Entity Name  
 KWIK KLIP LAWN SERVICE AND LANDSCAPING, INC.



Principal Place of Business      Mailing Address  
 11980 SW 3RD STREET              -11980 SW 3RD STREET  
 PLANTATION, FL 33325              PLANTATION, FL 33325

**DO NOT WRITE IN THIS SPACE**



03282005    No Chg-P    CR2E034 (10/03)

4. FEI Number 82-0574084	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  
 STUMPO, MARK R SR  
 11980 SW 3RD STREET  
 PLANTATION, FL 33325

**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 *[Signature]*      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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

1100000287471  
 04/04/05-80068-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STUMPO, MARK R SR
STREET ADDRESS	11980 SW 3RD STREET
CITY-ST-ZIP	PLANTATION, FL 33325
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	

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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 *[Signature]*      Date 4-1-05      Daytime Phone # (954) 236-3252  
Signature and typed or printed name of signing officer or director