## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 09, 2005 08:00 AM Secretary of State

DOCUMENT # P020001  1. Entity Name FOSTER'S LAWN SPRAYING, IN	}	S.	
Principal Place of Business 4706 37 ST. N SAINT PETERSBURG, FL 33714 US	Mailing Address 4706 37 ST, N SAINT PETERSBURG, FL 3371	4 US	
DO NOT WEIT	E IN THIS SPAC	<b>`</b>	02012005 N
		<b>/</b> -	4. FEI Number 57-114170
			5. Certificate of Sta

				02012005	No Chg-P	CR2E034 (1	0/03)	
	O NOT WRITE I	N THIS SPA	CE	4. FEI Number 57-1141			Applied For Not Applicable	
					of Status Desired	S8.75 Additional		
	6. Name and Address of Current Regis	tered Agent				Fee F	Required	
4706 37 S	EDWARD S			DO	NOT W HIS SP	ir i dans, amin'i		
	named entity submits this statement for the plans of registered agont.	urpose of changing its registe	red office or register	ed agent, or both	, In the State of Flo	rida. I am familia	ar with, and accept	
SIGNATURE		•						
SIGNATURE_	Signature, typed or printed name of registered agent and like i	f applicable. (NOTE: Register	red Agent signaftire required	when reinstating)		DATE		
After M:	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fine Trust Fund Contribution		.00 May Be ed to Fees				
TITLE	OFFICERS AND DIRECT	TORS	-				ranga santang panggapananan nong kanananan	
NAME	FOSTER, EDWARD S				en e		g i see je megazenin Gilisaksiya estikibi	
STREET ADDRESS	4706 37 ST, N			ca Princip wedwin. Simbolika				
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714				702/10/05-	222718		
TITLE	-	•			·Uz/IU/Us-	60014-02	1,150.00	
name Street address				kollanki				
CITY-ST-ZIP								
TRILE		14 m 14						
NAME								
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE			_	and the fact of the first of the	HIS SF	Mark Mark		
NAME				livi i	nio or	MUE		
STREET ADDRESS					e en nord general de la		, productja pod 19. jedn Presidenti	
CITY-ST-ZIP					ele (elektriste) Malisioter (elektrist		driff[Weißich	
title Name				Contraction (Contraction)		mysaaren paania. Nelikuuska kilist		
STREET ADDRESS								
CITY-ST-ZIP						nde jedakiriji. Utrijani ili	، و مقدم میکند اور آنها به این از در از در از در	
TITLE		,,			Wardistatur idleise - (- (- (- (- (- (- (- (- (- (- (- (- (-	mičijalyjejy). Hi Hilliona		
NAME STREET ADDRESS	-			a sangadaldiri Laar Lillad, imi				
CITY-ST-ZIP								
12. I hereby o	ertily that the information supplied with this fil on this report or supplemental report is true a	ing does not qualify for the ex-	emption stated in Se	ction 119.07(3)(i)	, Florida Statutes. I	further certify the	at the information	
of the cor	on this report of supplemental report is the a	to execute this report as requ	ifred by Chapter 607	, Florida Statutes	and that my name	appears in Bloc	k 10 or Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR