2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2005 8:00 am Secretary of State 03-03-2005 90173 036 ***150.00

DOCUMENT # P0300007087 1. Entity Name FLORIDA STATE LAWN CARE, INC.						03-03-2005 90173 036 ***150.00			
Principal Place of Business Mailing Address				L	_	40025165			
5424 PERGR		5424 PERGRAN CT. Jacksonville, FL 32257							
JACKSONVILLE, FL 32257 JACKSONVILLE, FL 3225						(8))	ili 4210 4211 1221 Palet (219 122	11881 St 1881	
2. Principal P	ace of Business	3. Mailing Address							
		Cuito Ant Hotel				aaraa etse aatti aatti aa		IIEE1 II IEEI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242005	Chg-P	CR2E034 (10/03)		
City & State		City & State			4. FEI Numbe 03-050		⊢	pplied For	
Zip	Country Zip Cou		Coun	try		of Status Desired	□ \$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent				Address of New F	Fee Require	d	
				Name Young, Michelle					
YOUNG, MICHELLE 11250 OLD ST. AUGUSTINE ROAD #15-108				Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE, FL 32257				rum 0 12.1					
				SH24 Pargran Ct City To the War Fl FL ZD Code 7					
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 according to the purpose of changing its registered agent, or both, in the State of Florida.									
the obligations offredistered agent.									
SIGNATURE Signature, typed or drylled name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE									
Signature, typed or profited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.					\$5.00 May Be Added to Fees				
10.	OFFICERS AND		11.			CHANGES TO OF	FICERS AND DIRECTOR		
TITLE NAME	DPT Delete III YOUNG, MICHELLE G				Same		Change	☐ Addition	
STREET ADORESS				EET ADDRESS	PO Box 2				
CITY-ST-ZIP	JACKSONVILLE, FL 32257 C⊓ DS □ Delete □ □			'-ST-ZIP	Jacksonville	r 11 322	7 /	☐ Addition	
NAME	JAMES, TERRY				Same	207/	□ cumunde.	, vaggion	
STREET ADDRESS				EET ADDRESS '-ST-ZIP	PO Box 7		u)	``	
TITLE	V Delete 711				Sac Ksonville	11 722	✓ Change	☐ Addition	
NAME	YOUNG, STACEY			Œ	Same	27/			
STREET ADDRESS				EET ADORESS '-ST-ZIP	PO Box 23 Jacksonville	F/ 3034/	,		
TITLE	Delete IIII			I .	Jacksonville	11 380.11	☐ Change	☐ Addition	
NAME	NAM			I					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP					
TITLE		☐ Delete	TETL	E			☐ Change	☐ Addition	
NAME STREET ADDRESS	NAM STD			EET ADDRESS			_		
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	Īπ				Change	☐ Addition	
NAME STREET ADDRESS	·		NAN Stri	eet address				 	
CITY-ST-ZIP CITY				/-ST-ZIP					
12. I hereby	certify that the information supplied with	this filing does not qualify fo	r the exe	emption stated	in Section 119.07(3)	(i), Florida Statutes	. I further certify that the i	nformation	

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: