


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000007087**  
 1. Entity Name  
 FLORIDA STATE LAWN CARE, INC.



Principal Place of Business  
 5424 PERGRAN CT.  
 JACKSONVILLE, FL 32257

Mailing Address  
 5424 PERGRAN CT.  
 JACKSONVILLE, FL 32257



04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 03-0504363 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

YOUNG, MICHELLE  
 5424 PERGRAN CT  
 JACKSONVILLE, FL 32257

**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: Stacey Young DATE: 4-26-06  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	YOUNG, MICHELLE G
STREET ADDRESS	P.O. BOX 23271
CITY-ST-ZIP	JACKSONVILLE, FL 32241
TITLE	DS
NAME	JAMES, TERRY
STREET ADDRESS	P.O. BOX 23271
CITY-ST-ZIP	JACKSONVILLE, FL 32241
TITLE	V
NAME	YOUNG, STACEY
STREET ADDRESS	P.O. BOX 23271
CITY-ST-ZIP	JACKSONVILLE, FL 32241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000557629  
 05/17/06-80060-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Stacey Young DATE: 4-26-06 904-890-3456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #