


2005 FOR PROFIT CORPORATION REINSTATEMENT

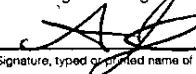
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| DOCUMENT # P03000015726 | |  |
| 1. Entity Name ANUAR LAWN SERVICE, INC. | | |

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| Principal Place of Business 2960 56 AVE. NE NAPLES, FL 34120 | Mailing Address 2960 56 AVE. NE NAPLES, FL 34120 |
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| 2. Principal Place of Business 7429 Sea Island Road Suite, Apt. #, etc. | 3. Mailing Address PO Box 112259 Suite, Apt. #, etc. |
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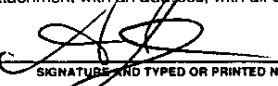
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|----------------------------------|--------------------------------|
| City & State Ft Myers Florida | City & State Naples Florida |
| Zip 33912 | Country Lee |
| Zip 34108 | Country Collier |

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| 6. Name and Address of Current Registered Agent JAMETTE, ANUAR 2960 56 AVE. NE NAPLES, FL 34120 | |
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| 7. Name and Address of New Registered Agent Name: ANUAR JAMETTE Street Address (P.O. Box Number is Not Acceptable): 7429 Sea Island Road City: Fort Myers FL Zip Code: 33912 | |
| 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:  | DATE: 1-24-05 |

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| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JAMETTE, ANUAR 2960 56 AVE. NE NAPLES, FL 34120 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JAMETTE, ANUAR 7429 Sea Island Road Ft. Myers, FL. 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000046013020 02/04/05--01015--007 **308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  | DATE: 1-24-05 DAYTIME PHONE: 239-289-7023 |

FILED
05 JAN 27 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT FEE 098 (6/04) 445