

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025759

FILED
Mar 28, 2005
Secretary of State

Entity Name: ALL AMERICAN BEST LAWN CARE, INC.

Current Principal Place of Business:

4550 EWELL ROAD
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

929 HAMILTON PLACE DRIVE
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 45-0506898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLLINS, TIMOTHY MARK
929 HAMILTON PLACE DRIVE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,VP () Delete
Name: COLLINS, TIMOTHY MARK
Address: 4550 EWELL ROAD
City-St-Zip: LAKELAND, FL 33813 US

Title: S,T () Delete
Name: COLLINS, JEFFREY A
Address: 929 HAMILTON PLACE DRIVE
City-St-Zip: LAKELAND, FL 33813 US

Title: D () Delete
Name: COLLINS, TIMOTHY MARK
Address: 4550 EWELL ROAD
City-St-Zip: LAKELAND, FL 33813 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY A. COLLINS

S, T

03/28/2005

Electronic Signature of Signing Officer or Director

Date