2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026932

FILED Apr 18, 2005 Secretary of State

Entity Name: A BRIGHT DAY! LAWN AND ORNAMENTAL CAREGIVERS, INC.

Current Principal Place of Business:		e of Business:	New Principal Place of Business:	
	LOOK DR. A, FL 32725			
Current Mailing Address:		New Mailing Address:		
	LOOK DR. A, FL 32725			
FEI Number	: 20-0960293	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
1151 OUT	K, JOAN H LOOK DR. A, FL 32725	US		
	e named entity: e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
in the Stat	e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
in the Stat SIGNATU	e of Florida. RE: Electror	nic Signature of Registered Ag		d office or registered agent, or both, Date
in the Stat SIGNATU Election Ca	e of Florida. RE: Electror mpaign Financin	nic Signature of Registered Ag g Trust Fund Contribution ().	ent	Date
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	e of Florida. RE: Electror mpaign Financin S AND DIREC	nic Signature of Registered Ag g Trust Fund Contribution (). TORS:) Delete DAN H K DR	ent	Date
in the Stat SIGNATU Election Ca	e of Florida. RE: Electror mpaign Financin S AND DIREC P OMANSIEK, JO 1151 OUTLOO DELTONA, FL	nic Signature of Registered Ag g Trust Fund Contribution (). TORS:) Delete DAN H K DR 32725) Delete ALTER D K DR	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: JOAN H OMANSIEK P 04/18/2005