



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90065 033 ***150.00

DOCUMENT # P03000053385 1. Entity Name ALL QUALITY LAWN CARE & MAINTENANCE, INC.																													
Principal Place of Business 1061 SUNSWEPT ROAD PALM BAY, FL 32905			Mailing Address 1061 SUNSWEPT ROAD PALM BAY, FL 32905																										
2. Principal Place of Business 360 San Marino Rd Suite, Apt. #, etc.		3. Mailing Address 360 San Marino Rd Suite, Apt. #, etc.																											
City & State Palm Bay FL 32908		City & State Palm Bay FL		4. FEI Number 27-0057640																									
Zip 32908		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent WITHROW, DAVID 1061 SUNSWEPT ROAD PALM BAY, FL 32905			7. Name and Address of New Registered Agent Name David Withrow Street Address (P.O. Box Number is Not Acceptable) 360 San Marino Rd City Palm Bay FL Zip Code 32908																										
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 David Withrow DATE 2/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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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: <u>David Withrow, Dir.</u> 01/27/06 321-674-0472 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													