

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90046 011 ***158.75

DOCUMENT # P03000073001

1. Entity Name
L & L TOTAL LAWN CARE INC.



Principal Place of Business
**1617 ORAGNE AVENUE
SAINT CLOUD, FL 34769**

Mailing Address
**1617 ORAGNE AVENUE
SAINT CLOUD, FL 34769**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222005

Chg-P

CR2E034 (10/03)

4. FEI Number
20-0299066

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ODOM, LARRY D
1617 ORANGE AVENUE
SAINT CLOUD, FL 34769**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
ODOM, LARRY D PRES.
1617 ORANGE AVENUE
SAINT CLOUD, FL 34769**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
ODOM, LEILA VP
1617 ORANGE AVENUE
SAINT CLOUD, FL 34769**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
GATLIN, MARVIN JR.
PO BOX 701025
SAINT CLOUD, FL 34770**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
GATLIN, JOYCE D
4765 SPARROW DRIVE
SAINT CLOUD, FL 34772**

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Larry D Odom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05 402-892-6580

Date Daytime Phone #