

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073001

Entity Name: L & L TOTAL LAWN CARE INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

1617 ORAGNE AVENUE
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

1617 ORAGNE AVENUE
SAINT CLOUD, FL 34769

New Mailing Address:

FEI Number: 20-0299066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ODOM, LARRY D
1617 ORANGE AVENUE
SAINT CLOUD, FL 34769 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 () Delete
Name: ODOM, LARRY D PRES.
Address: 1617 ORANGE AVENUE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: V () Delete
Name: ODOM, LEILA VP
Address: 1617 ORANGE AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: D (X) Delete
Name: GATLIN, MARVIN JR.
Address: PO BOX 701025
City-St-Zip: SAINT CLOUD, FL 34770

Title: S (X) Delete
Name: GATLIN, JOYCE D
Address: 4765 SPARROW DRIVE
City-St-Zip: SAINT CLOUD, FL 34772

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:

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 Chapter 119, 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: LARRY D. ODOM

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date