2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: മ

Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # P03000077665 1. Entity Name WALTER GREEN LAWN CARE, INC. Principal Place of Business Mailing Address 555 46TH CT 555 46TH CT VERO BEACH, FL 32968 VERO BEACH, FL 32968 04092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0170461 Not Applicable \$8.75 Additional A CONTRACTOR OF THE PROPERTY O 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GREEN, WALTER DO NOT WRITE 555 46TH CT VERO BEACH, FL 32968 IN THIS SPACE 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 it applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GREEN, WALTER NAME STREET ADDRESS 555 46TH CT VERO BEACH, FL 32968 CITY-ST-ZIP TITLE U00000334360 NAME 04/27/05-60068-020 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 a address, with all other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED