

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083450

Entity Name: NATION LAWN SERVICE, INC.

FILED  
Mar 29, 2005  
Secretary of State

## Current Principal Place of Business:

1871 NW 58 TER #2  
SUNRISE, FL 33313

## New Principal Place of Business:

## Current Mailing Address:

1871 NW 58 TER #2  
SUNRISE, FL 33313

## New Mailing Address:

FEI Number: 73-1675461

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD #221E  
PALM BCH GARDENS, FL 33410 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: D ( ) Delete  
Name: MULLINGS, ANDRE  
Address: 1871 NW 58 TER #2  
City-St-Zip: SUNRISE, FL 33313

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: MULLINGS, ANDRE  
Address: 1871 NW 58 TER #2  
City-St-Zip: SUNRISE, FL 33313

Title: D ( ) Change (X) Addition  
Name: NICHOLSON, MICHELLE  
Address: 1752 NW 73RD AVE  
City-St-Zip: PLANTATION, FL 33313

Title: D ( ) Change (X) Addition  
Name: FINZI, KERRI-ANN  
Address: 1280 NW 95TH AVE  
City-St-Zip: PLANTATION, FL 33322

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: ANDRE MULLINGS

VP

03/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date