

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000091464			
1. Entity Name LITHIA MOWING SERVICE, INC.			
Principal Place of Business 802 EAST KEYSVILLE ROAD PLANT CITY, FL 33567		Mailing Address 802 EAST KEYSVILLE ROAD PLANT CITY, FL 33567	
DO NOT WRITE IN THIS SPACE		01062006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3263880 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPROUSE, DAVID R 802 EAST KEYSVILLE ROAD PLANT CITY, FL 33567		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
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	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPROUSE, DAVID R 802 EAST KEYSVILLE ROAD PLANT CITY, FL 33567	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPROUSE, HOLLY K 802 EAST KEYSVILLE ROAD PLANT CITY, FL 33567		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SPROUSE, ANTHONY 802 EAST KEYSVILLE ROAD PLANT CITY, FL 33567		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SPROUSE, ANDY J 802 EAST KEYSVILLE ROAD PLANT CITY, FL 33567		
TITLE NAME 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 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 R Sprouse</u>		2-13-06 813-737-3019	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>	