

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90183 038 \*\*\*150.00

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04182006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000097147			
1. Entity Name T DAVIS LAWN CARE INC.			
Principal Place of Business 3148 O'HARA DRIVE NEW PORT RICHEY, FL 34655		Mailing Address 3148 O'HARA DR NEW PORT RICHEY, FL 34655	
2. Principal Place of Business 12086 134 <sup>th</sup> Place N Suite, Apt. #, etc.		3. Mailing Address 12086 134 <sup>th</sup> Place N Suite, Apt. #, etc.	
City & State Largo, FL		City & State Largo, FL	
Zip 33778	Country USA	Zip 33778	Country USA
4. FEI Number 20-0201154		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, TERRANCE 3148 O'HARA DRIVE NEW PORT RICHEY, FL 34655		7. Name and Address of New Registered Agent Name Koncha Davis Street Address (P.O. Box Number is Not Acceptable) 12086 134 <sup>th</sup> Place N City Largo FL Zip Code 33778	
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: <i>Koncha Davis</i> (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME DAVIS, TERRANCE D STREET ADDRESS 3148 O'HARA DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE P NAME Koncha Davis STREET ADDRESS 12086 134 <sup>th</sup> Place N CITY-ST-ZIP Largo, FL 33778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE S NAME Koncha Davis STREET ADDRESS 12086 134 <sup>th</sup> Place N CITY-ST-ZIP Largo, FL 33778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Koncha Davis</i>		Date 4/26/06	Daytime Phone # (727) 344-9850