2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000097147 1. Entity Name T DAVIS LAWN CARE INC.					04-28-2006 90183 038 ***150.00			
Principal Place	e of Business	Mailing Address			400000	U 1		
3148 O'HARA DRIVE 3148 O'HARA DR								
	ICHEY, FL 34655	NEW PORT RICHEY, FL 3	4655		i			
					48(38 AND 1881 BEN	ill malla enle landl (1811 G1814 17	10:00:11:11:00:	
2. Principal Place of Business 3. Mailing Address								
12086 134 h Place N 13086 134 h Suite, Apt. #, etc.			Place 1					
J Ganor Pa		Cano, ript. ii, oto.		04182006	Chg-P	CR2E034 (11/05))	
City & State	θ	City & State		4. FEI Numb		A	pplied For	
Lar		Largo, Fl	_	20-020	1154		lot Applicable	
Zip 3377	8 USA	Zip _ 33718	Country USA	5. Certificate	of Status Desired	□ \$8.75 Ac	dditional ed	
<u> </u>	6. Name and Address of Current I		<u> </u>	7. Name and	Address of New R			
			Name	4 1	٠. ٧			
DAVIS, TERRANCE				Street Address (P.O. Box Number is Not Acceptable)				
3148 O'HARA DRIVE NEW PORT RIGHEY, FL ₃ 3465 <i>5</i>				12086 1342 Place N				
1		•						
toppha of Mills (10)			City	-arga		FL Zip Co	^{de} ጎ 7 ጽ	
8. The above named entity Jubmits that 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 Signative, typed or printed name of registered agent and title if typicable. (NOTE: Registered Agent signature required when reinstating). DATE								
19.	joignatine, typed of printed ratine of redistered agent a	Ind the rapplicable. (NOTE:)	registered Agent signati	ure required when reinstating)	T	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees				
10 /	OFFICERS AND	·····	11.		/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
TITLE NAME	'P DAVIS, TERRANCE D	Delete Oelete	TITLE	Roncha 1	Davis	Change	Addition	
STREET ADDRESS	3148 O'HARA DRIVE		NAME STREET ADDRESS	12086 13	H= Place	, <i>H</i>		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	Largo Fi	337	_		
TITLE		☐ Delete	TITLE	5 .		☐ Change	Addition	
NAME			NAME	Koncha	Davis		_	
STREET ADDRESS			STREET ADDRESS		54 12 Place	e M		
CITY-ST-ZIP			CITY-ST-ZIP	Largo FL	33778			
TITLE 1 NAME		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		•••••	☐ Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby	certify that the information supplied with	this filing does not qualify for	the exemptions of	contained in Chapter 11	Florida Statutes. I	I further certify that the	information	

12. Increby 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 Justee 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 sthere like empowered.

SIGNATURE: MONORA SI

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/0/00

Daytime Phone #