2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000101368

FILED Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90167 030 ***150.00

Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required F	CHOICE	LAWN CARE, INC.									
2. Principal Place of Business 3. Making Address 04202005 Chg.P CR2E034 (10103) City & State City & State City & State 4. FE Number 57-1186654 Inox Applied F S7-1186654 Inox Ap	•			-			1 12003421				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Q420205 ChgP CR26034 (10/03)	OCALA, FL 3	34480	00	CALA, FL 34480					 		NING) IE NUCS
City & State City & State City & City & State City &	2. Principal Place of Business 3.			3. Mailing Address							
Zip									CR2E0	· · · · · · · · · · · · · · · · · · ·	
6. Name and Address of Curront Registered Agent 7. Name and Address of New Registered Agent CANNADY, CHAD C 4520 SE 62 ST OCALA, FL 34480 City FL Zip Code						57-1186654			Not Applicable		
CANNADY, CHAD C 4520 SE 62 ST OCALA, FL 34480 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent. SIGNATURE FILE NOW; FE EI S 150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE	Z.Ip			Coun	try				Fee Require		
CANNADY, CHAD C 4520 SE 62 ST OCALA, FL 34480 Sirrest Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered alignent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE PD Delde NAME STREET ADDRESS CITY-S1-ZIP OCALA, FL 34480 ITILE OCALA, FL 34480 ITILE NAME SIREST ADDRESS CITY-S1-ZIP OCALA, FL 34480 ITILE NAME SIREST ADDRESS CITY-S1-ZIP ITILE OCALA, FL 34480 ITILE NAME SIREST ADDRESS CITY-S1-ZIP ITILE NAME SIREST ADDRESS CITY-S1-ZIP OCALA, FL 34480 OCALA, FL 34480		6. Name and Address of C	urrent Regist	ered Agent		Name	7. Name and		egisterea A	gent	
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. It am familier with, and act the obligations of registered agent. Signature	4520 SE 62 ST										
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 active obligations of registered agent. SIGNATURE						City			FI	Zip Cod	е
TITLE NAME CANNADY, CHAD C	the obligat	signature, typed or printed name of register E NOW!!! FEE IS \$150.0	red agent and title if	applicable. (NOT	E: Registerei	d Agent signature requir	red when reinstating) 5.00 May Be	h, in the State of Flo		amiliar with,	and accept
NAME SIREET ADDRESS CITY-ST-ZIP CANNADY, CHAD C 4520 SE 62 ST OCALA, FL 34480 TITLE VD Delete NAME HICKS, JACOB E SIREET ADDRESS CITY-ST-ZIP OCALA, FL 34480 TITLE VD Delete NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST	10.	OFFICER	S AND DIREC	TORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
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	NAME STREET ADDRESS			☐ Delete	NAMI Stre	ET ADDRESS				Change	☐ Addition

I hereby certify that the information supplied with this filing does not qualify 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 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:

, CHAD C. Camaday