# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2006**
**Secretary of State**

DOCUMENT# P03000101368

**Entity Name:** CHOICE LAWN CARE, INC.

**Current Principal Place of Business:**

4520 SE 62 ST
OCALA, FL 34480

**New Principal Place of Business:**

**Current Mailing Address:**

4520 SE 62 ST
OCALA, FL 34480

**New Mailing Address:**

PO BOX 2317
BELLEVIEW, FL 34421 US

**FEI Number: 57-1186654** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CANNADY, CHAD C
4520 SE 62 ST
OCALA, FL 34480 US

**Name and Address of New Registered Agent:**

HICKS, JACOB E
4520 SE 62 ST
OCALA, FL 34480 US

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: JACOB E HICKS 04/25/2006
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: CANNADY, CHAD C
Address: 4520 SE 62 ST
City-St-Zip: OCALA, FL 34480

Title: VD (X) Delete
Name: HICKS, JACOB E
Address: 4520 SE 62 ST
City-St-Zip: OCALA, FL 34480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: HICKS, JACOB E
Address: 4520 SE 62 ST
City-St-Zip: OCALA, FL 34480 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JACOB E HICKS PD 04/25/2006
Electronic Signature of Signing Officer or Director Date