

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000102710

FILED  
Mar 24, 2005  
Secretary of State

Entity Name: THE LAWN DOCTORS OF OSCEOLA, INC.

## Current Principal Place of Business:

690 CICENA WAY APT A  
KISSIMMEE, FL 34741

## New Principal Place of Business:

10 S. LILLY ST.  
KISSIMMEE, FL 34741

## Current Mailing Address:

690 CICENA WAY APT A  
KISSIMMEE, FL 34741

## New Mailing Address:

10 S. LILLY ST.  
KISSIMMEE, FL 34741

FEI Number: 76-0742324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIRIE, JOHN  
690 CICENA WAY APT A  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

PIRIE, JOHN  
3368 CELENA CIRCLE  
ST. CLOUD, FL 34769 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: JOHN PIRIE

03/24/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PIRIE, JOHN  
Address: 690 CICENA WAY APT A  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PIRIE, JOHN  
Address: 3368 CELENA CIRCLE  
City-St-Zip: ST. CLOUD, FL 34769

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

D

03/24/2005

Electronic Signature of Signing Officer or Director

Date