

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 11, 2005 8:00 am
Secretary of State**

05-11-2005 90128 012 ***150.00

DOCUMENT # P03000120426

1. Entity Name
C & M IRRIGATION AND LAWN SERVICE, INC.



Principal Place of Business
202 BANNERMAN RD
TALLAHASSEE, FL 32312

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04282005 Chg-P CR2E034 (10/03)

4. FEI Number 11-3706514	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

50051739



6. Name and Address of Current Registered Agent

GIBBY, CLARENCE
202 BANNERMAN RD
TALLAHASSEE, FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

Clarence Gibby, President

4/28/05
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GIBBY, CLARENCE
STREET ADDRESS 202 BANNERMAN RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

Delete

TITLE V
NAME GIBBY, MARILYN
STREET ADDRESS 202 BANNERMAN RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

Delete

TITLE S
NAME GIBBY, CLARENCE III
STREET ADDRESS 202 BANNERMAN RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

Delete

TITLE T
NAME MILLER, WILMARIO III
STREET ADDRESS 202 BANNERMAN RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. 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: *Clarence Gibby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05
Date

443-8496
Daytime Phone #