


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-11-2005 90024 003 \*\*\*158.75

<b>DOCUMENT # P03000126086</b> 1. Entity Name <b>TRINITY LAWN AND LANDSCAPE INC.</b>					
Principal Place of Business <b>1324 SEVEN SPRINGS BLVD.</b> <b>336</b> <b>TRINITY, FL 34655</b>			Mailing Address <b>1324 SEVEN SPRINGS BLVD.</b> <b>336</b> <b>TRINITY, FL 34655</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>43-2033454</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RISENER, KEVIN J</b> <b>10205 TURKEY OAK DR.</b> <b>NEW PORT RICHEY, FL 34654</b>					
7. Name and Address of New Registered Agent Name <b>David R. Sidders</b> Street Address (P.O. Box Number is Not Acceptable) <b>10300 Tecoma Dr.</b> City <b>Trinity</b> <b>FL</b> Zip Code <b>34655</b>					
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 <i>[Signature]</i> <b>DAVID SIDDERS</b> DATE <b>1-27-05</b> <small>(Signature, typed or printed name of registered agent and the filer if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RISENER, KEVIN J</b> <b>10205 TURKEY OAK DR.</b> <b>NEW PORT RICHEY, FL 34654</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SIDDERS, ANGELA M</b> <b>10300 TECOMA DR.</b> <i>10300</i> <b>TRINITY, FL 34655</b> <i>change to president</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Angela M Sidders</b> <b>10300 Tecoma Dr Trinity FL 34655</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <b>Angela Sidders Vice/President</b> Date <b>1-27-05</b> Daytime Phone # <b>727-372-3123</b>					