


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000127771</b> 1. Entity Name <b>AAA LOT MOWING, INC.</b>					
Principal Place of Business <b>711 FAIRLAWN CT MARCO ISLAND FL 34145</b>			Mailing Address <b>711 FAIRLAWN CT MARCO ISLAND FL 34145</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-0342530</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>IMM, ROBERT M 711 FAIRLAWN CT MARCO ISLAND FL 34145</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>IMM, ROBERT M</b> <b>711 FAIRLAWN CT</b> <b>MARCO ISLAND FL 34145</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>U000000199749</b> <b>01/27/05-80104-020 150.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SPENCE, SANDRA J</b> <b>711 FAIRLAWN CT</b> <b>MARCO ISLAND FL 34145</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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.					
<b>SIGNATURE: Sandra J. Spence Sandra J. Spence 1-25-05 (239) 642-9669</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



1st MOORE CR2E034 (10/04)

Applied For  
Not Applicable