## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000131335  1. Entity Name ABC EXPRESS LAWN CARE, INC						04-11-2005	90158 002 ***1	50.00
Principal Plac 113 ALEXAN DE BARY, FL	DRA WOODS DRIVE	Mailing Address 113 ALEXANDRA WOOI DE BARY, FL 32713	113 ALEXANDRA WOODS DRIVE				(17) (18) (18) (18) (18)	1801: N 98
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062005	Chg-P	CR2E034 (10/03)	)	
City & State		City & State		4. FEI Number	048905	50	pplied For let Applicable	
Ζφ	Country	Zip	Coun	try		f Status Desired	S8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	legistered Agent	
				_Name				
DOYLE, DAVID PRES 113 ALEXANDRA WOODS DRIVE DE BARY, FL 32713				Street Address (P.O. Box Number is Not Acceptable)				
}								
				City	FL Zip Code			
	normed entity submits this statement folions of registered agent.	or the purpose of changing its	registere	ed office or regist	tered agent, or both	, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE.	Signature, typed or printed name of registered agon	and hite # applicable. (PADT	E: Registere	d Agent synature requ	ered when se nectating)		DATE	
					5.00 May Be dded to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	HANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TOTALE	P	☐ Detete	TATLE				Change	☐ Addition
NAME	· ·		NAME	1				
STREET ADDRESS CITY-ST-ZIP				ET ADOPESS				
	DE BARY, FL 32713		_	-Si- <i>L</i> P				
MALE	S/T DOYLE, SHARON	☐ Delete	TITLE Mass	3			Change	Addition
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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 inue and accurate and that my signature shall have the same legal effect as if made under each; 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: 1

IGNATURE AND TYPED OF PROCTED BASIS OF SIGNING OFFICER OR DIRECTOR

386-668-7612