


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**


03-21-2005 90085 038 \*\*\*150.00

<b>DOCUMENT # P03000131359</b>	
1. Entity Name <b>GEORGE'S GRADING &amp; LANDSCAPING, INC.</b>	

Principal Place of Business <b>JAMES ROAD COCOA, FL 32926 US</b>	Mailing Address <b>1437 PARADISE LANE COCOA, FL 32922 US</b>
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**40035763**

2. Principal Place of Business		3. Mailing Address <b>3666 Shellie Court</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>COLOA, Florida</b>	
Zip	Country	Zip <b>32926</b>	Country <b>Brevard</b>

	
01172005	Chg-P CR2E034 (10/03)
4. FEI Number <b>73-1687258</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BELFLOWER, LOIS M 1437 PARADISE LANE COCOA, FL 32922</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>3666 Shellie Court</b>	
City <b>COLOA</b>	FL Zip Code <b>32926</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELFLOWER, LOIS M 1437 PARADISE LANE COCOA, FL 32922 <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
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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.

**SIGNATURE: Lois M. Belflower** **Lois M. Belflower** **3-14-05** **321 2666908 cell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #