


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000138904</b> 1. Entity Name <b>PETERSON LAWN CARE &amp; LANDSCAPING, INC.</b>	
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Principal Place of Business <b>11937 HOLLIS LANE CLERMONT, FL 34711</b>	Mailing Address <b>11937 HOLLIS LANE CLERMONT, FL 34711</b>
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**DO NOT WRITE IN THIS SPACE**



09122005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>54-2133902</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PETERSON, TRACEY E 11937 HOLLIS LANE CLERMONT, FL 34711</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PETERSON, TRACEY E 1635 E. HIGHWAY 50 SUITE 300 CLERMONT, FL 34711</b>
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**DO NOT WRITE  
IN THIS SPACE**

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09/16/05-80001-006 150.00

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: Tracey E Peterson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-05 352-267-1104  
Date Daytime Phone #