

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90076 017 ***150.00

DOCUMENT # P03000140212

1. Entity Name
LAWN PRO'S ELITE INC.



Principal Place of Business
**83 OAKLAND HILLS CT.
ROTONDA WEST, FL 33947**

Mailing Address
**83 OAKLAND HILLS CT.
ROTONDA WEST, FL 33947**



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0288395	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WAGNER, JAMES W
83 OAKLAND HILLS CT.
ROTONDA WEST, FL 33947**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WAGNER, JAMES W
STREET ADDRESS	83 OAKLAND HILLS CT.
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	V
NAME	WAGNER, RYAN J
STREET ADDRESS	83 OAKLAND HILLS CT.
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	T
NAME	WAGNER, JAMES MICHAEL
STREET ADDRESS	83 OAKLAND HILLS CT.
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	S
NAME	WAGNER, SHELLY
STREET ADDRESS	83 OAKLAND HILLS CT.
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-05 941-698-4048
Date Daytime Phone #