

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000142187

1. Entity Name
DREWS LAWN & PRESSURE WASHING, INC.



Principal Place of Business
701 OAKES MANOR CT
JACKSONVILLE, FL 32211

Mailing Address
701 OAKES MANOR CT
JACKSONVILLE, FL 32211

DO NOT WRITE IN THIS SPACE

**FILED
Apr 20, 2005 8:00 am
Secretary of State**

04-20-2005 90809 001 ***150.00

04-20-2005 90809 002 *****8.75



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2415904	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PORTH, ANDREW
701 OAKES MANOR CT
JACKSONVILLE, FL 32211

**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 DPV
NAME PORTH, ANDREW
STREET ADDRESS 701 OAKES MANOR CT
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Andrew Porth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-05 (403-1927)

Date

Daytime Phone #