

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 14, 2005 8:00 am
Secretary of State**

04-14-2005 90085 042 ***150.00

DOCUMENT # P03000150571

1. Entity Name
PIKE'S CUSTOM LAWNS, INC.



Principal Place of Business
18312 COUNTY RD 33
GROVELAND, FL 34736

Mailing Address

P O BOX 372
MASCOTTE, FL 34753



04062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1211530

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIKE, ROBERT A
18312 COUNTY RD 33
GROVELAND, FL 34736

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME PIKE, ROBERT A
STREET ADDRESS 18312 COUNTY RD 33
CITY-ST-ZIP GROVELAND, FL 34736

Delete

TITLE PSD
NAME
STREET ADDRESS
CITY-ST-ZIP

Robert A. Pike
18312 CR 727
Webster FL 33592

Change Addition

TITLE VPTD
NAME PIKE, PAMELA J
STREET ADDRESS 18312 COUNTY RD 33
CITY-ST-ZIP GROVELAND, FL 34736

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SEC
Garrett R. Pike
18312 CR 727
Webster FL 33592

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Robert A. Pike*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-05 352-267-4243
Date Daytime Phone #