


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000155113
 1. Entity Name
 POWER LAWN & LANDSCAPE, INC.



Principal Place of Business Mailing Address
 1807 NW OWENS AVENUE PO BOX 510455
 DESOTO, FL 34266 PUNTA GORDA, FL 33951

DO NOT WRITE IN THIS SPACE



07202005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-1297442	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PICERNO, ANTHONY
 1807 NW OWENS AVENUE
 DESOTO, FL 34266

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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 _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

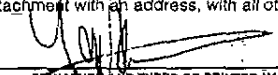
U00000374316
 07/25/05-80004-013 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PICERNO, ANTHONY
STREET ADDRESS	PO BOX 510455
CITY-ST-ZIP	PUNTA GORDA, FL 33951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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:  Date: 7-22-05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR