


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000158357		
1. Entity Name SMACKDOWN LAWN & LANDSCAPE INC.		
Principal Place of Business 102 DOROTHY LOOP CRAWFORDVILLE FL 32327		Mailing Address 102 DOROTHY LOOP CRAWFORDVILLE FL 32327

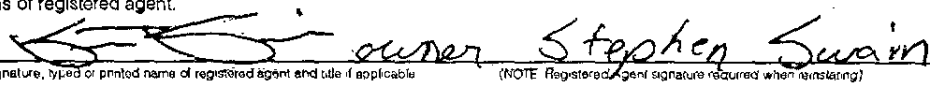


1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-2403240		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.					
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SWAIN, STEPHEN D 102 DOROTHY LOOP CRAWFORDVILLE FL 32327				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

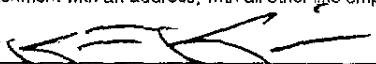
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  owner **Stephen Swain** 1/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWAIN, STEPHEN D 102 DOROTHY LOOP CRAWFORDVILLE FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000204004 01/29/05-80051-017 158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  owner **Stephen Swain** 1/25/05 251-2188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone