

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPR(1)/L
5/5/2005-90102-019-\$150.00-\$150.00
AND
FILED

DOCUMENT # P04000008446

1. Entity Name
ROBIN L. SIMMONS LAWN CARE, INC.



05 JUN -9 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
30 SE ASPEN DRIVE
OCALA, FL 34471

Mailing Address
30 SE ASPEN DRIVE
OCALA, FL 34471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04272005 Chg-P CR2E034 (10/03)

Zip Country

Zip Country

4. FEI Number
20-0696255 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SIMMONS, ROBIN L
30 SE ASPEN DRIVE
OCALA, FL 34471

7. Name and Address of New Registered Agent
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 PTD
NAME SIMMONS, ROBIN L
STREET ADDRESS 30 SE ASPEN DRIVE
CITY-ST-ZIP OCALA, FL 34471

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VSD
NAME SIMMONS, BARBARA W
STREET ADDRESS 30 SE ASPEN DRIVE
CITY-ST-ZIP OCALA, FL 34471

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
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STREET ADDRESS
CITY-ST-ZIP

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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: *Barbara W. Simmons* **BARBARA W. SIMMONS X** **4/29/05** **x 351-882-1002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #