


FILED  
Jun 27, 2005 8:00 am  
Secretary of State

05-04-2005 90117 043 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

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<b>DOCUMENT # P04000008951</b>			
1. Entity Name <b>TITAN LAWN CARE, INC.</b>			
Principal Place of Business <b>895-12 NE DIXIE HIGHWAY JENSEN BEACH, FL 34957 US</b>		Mailing Address <b>895-12 NE DIXIE HIGHWAY JENSEN BEACH, FL 34957 US</b>	
2. Principal Place of Business <b>1049 N. FOLK RD.</b>		3. Mailing Address <b>1049 N. FOLK RD.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>STUART FL</b>		City & State <b>STUART FL</b>	
Zip <b>34994</b>		Zip <b>34994</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>650679973</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		05022005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>BERNARD, RONALD 895-12 NE DIXIE HIGHWAY JENSEN BEACH, FL 34957</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) <b>1049 N. FOLK ROAD</b> City <b>STUART</b> FL Zip Code <b>34994</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P BERNARD, RONALD 895-12 NE DIXIE HIGHWAY JENSEN BEACH, FL 34957</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1049 N. FOLK ROAD STUART FL 34994</b> <input checked="" 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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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
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: 		<b>4/30/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	