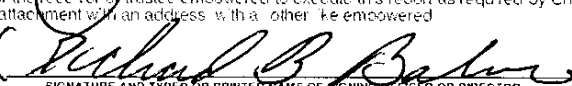


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90167 040 ***150.00

DOCUMENT # P04000029175					
1. Entity Name RICK'S LAWN SERVICE, INC.					
Principal Place of Business 4183 N.W. 58TH DRIVE COCONUT CREEK, FL 33073			Mailing Address 4183 N.W. 58TH DRIVE COCONUT CREEK, FL 33073		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FCI Number 56-2445759	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applied For	
6. Name and Address of Current Registered Agent BABINE, RICHARD B 4183 N.W. 58TH DRIVE COCONUT CREEK, FL 33073				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Numbers Not Accepted)	
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 of the individual or corporate agent or both in the State of Florida. If the registered agent is a corporation, the signature of the president or other officer or director of the corporation is required.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 (If 11)		
TITLE	PTD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BABINE, RICHARD		NAME		
STREET ADDRESS	4183 NW 58 DRIVE		STREET ADDRESS		
CITY, ST, ZIP	COCONUT CREEK, FL 33073		CITY, ST, ZIP		
TITLE	VSD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BAINE, DEBBIE		NAME	VSD	
STREET ADDRESS	4183 NW 58 DRIVE		STREET ADDRESS	BABINE, DEBORAH	
CITY, ST, ZIP	COCONUT CREEK, FL 33073		CITY, ST, ZIP	4183 NW 58 DR	
				COCONUT CREEK, FL 33073	
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a other like empowered.					
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40069135



04252006 Chg-P CR2E034 (11/05)