


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90036 016 ***150.00

DOCUMENT # P04000043449 1. Entity Name LAWNS BY TONY INC.					
Principal Place of Business 521 W. FT. ISLAND TRAIL SUITE E CRYSTAL RIVER, FL 34429			Mailing Address 521 W. FT. ISLAND TRAIL SUITE E CRYSTAL RIVER, FL 34429		
2. Principal Place of Business 4770 N. Ricebird Ln		3. Mailing Address 830 S. Thyme Pt.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Leccanto FL		City & State Homosassa FL		4. FEI Number 20-0886435	
Zip 34460		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIMMERMANN, SANDRA 521 W. FT. ISLAND TRAIL SUITE E CRYSTAL RIVER, FL 34429		7. Name and Address of New Registered Agent Name Sandra Zimmermann Street Address (R.O. Box Number is Not Acceptable) 830 S. Thyme Pt. City Homosassa FL Zip Code 34448			
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 Sandra Zimmermann DATE 3/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HOWARTH, ANTHONY R. P O BOX 56 LECANTO, FL 34460		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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"/> 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 [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/14/05 Daytime Phone #		