2005 FOR PROFIT CORPORATION

ANNUAL REPORT

Mailing Address

P.O. BOX 1902

3. Mailing Address

City & State

Suite, Apt. #, etc.

SEBRING, FL 33871-1902

DOCUMENT # P04000044174

Country

6. Name and Address of Current Registered Agent

Principal Place of Business

SEBRING, FL 33871-1902

2. Principal Place of Business

Suite Apt. #, etc.

City & State

Zio

P.O. BOX 1902

DO-RIGHT LAWN CARE, INC.



Sep 14, 2005 8:00 am Secretary of State

09-14-2005 90001 008 ***150.00

50066743



SMITH, CLARENCE P ... Street Address (P.O. Box Number is Not Acceptable) 6506 7TH AVENUE WEST SEBRING, FL 33876 *** نې پېمې City Zip Code

Country

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. · 10 SIGNATURE. Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whan reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE Change Addition HILL SMITH, CLARENCE P SR. NAME NAME P.O. BOX 1902 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING, FL 338711902 CITY ST-ZP VD ☐ Change Addition ☐ Delete TITLE TITLE SMITH, CLARENCE P JR NAME NAME 2408 ELDORADO AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVON PARK, FL 338251902 TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OTH ST ZE TITLE Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Energy 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE PLANT

STREET ADDRESS

Delete

mett So

*8*63 -655 - 3545

☐ Change

Addition



Do-Right Lawn Care, Inc. P.O. Box 1902 Sebring, FL 33871-1902

September 7, 2005

Florida Dept of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: 2005 Annual Report Document # P04000044174

Gentlemen

Enclosed please find the 2005 Annual Report and check for \$150. My business was incorporated in 2004 and this is the first time that I have filed this report.

I have been going through a divorce and some of my mail has not gotten to me. Payment of the \$400 penalty would create additional hardship for me to make my financial obligations. It would be appreciated if the penalty could be removed. All future annual reports will be filed on time.

Thank you for your consideration.

Clarence Smith, Sr.

Enc: 2005 Annual Report with \$150 check

Clarence of Smith &s