## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/30/2005-90032-003-\$150.00-\$150.00

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DOCUMENT # P04000057957  1. Entity Name								FILED					
TOTAL PACKAGE MOWING SERVICE, INC.								05 OCT -4 PM 3: 25					
Principal Place of Business Mailing Address									sturi. i	ARY OF STA SSEE, FLOT	<b>TE</b>		
165 ROY MO	ROY MOORE RD				TALLAHA	KSSEE, FLOI	RDA						
ONA FL 33865-9576 ONA FL 33865-9576													
Principal Place of Business     3. Mailing Address													
Suite, Apt. #, etc.			Suite, Apr. •, etc.					2n	d MOORE	CR2E034 (5/	05}		
City & State			City & State					4. FEI Numb		10129	_	plied For t Applicable	
Zip	Zip Country		Ζip	Zip		ountry		5. Certificate	of Status Desired		75 Addi Required		
	6. Name	d Agent				7. Name and	Address of New	Registered Agent					
LANGDON, ALLEN E M.D. John M L ong							Pre Langton Allen EMD.						
125	LLEN E M.D.	Q as Was	20	Street Ad	dress (	P.O. Box Numb	er is Not Acceptal	ole)					
LANGDON, ALLEN E M.D.  125 1 AVE  NOKOMIS FL 34275  Cha, FL 33865  Tohn M Long Pre Langton, FHEN TWO.  Street Address (P.D. Box Number is Not Acceptable)  Cha, FL 33865  City Color Of The President Color of City City Color of City City Color of City Color of City City Color of City City City City City City City City													
ana FL 33865								Zip Code					
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8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE Sonstive, typed of period name of required agent and title it applicable (NOTE Registered Agent signature reducted when revinitating)  DATE													
FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Flection Campaign Financing.													
DUE BY September 7, 2005 late fee. By checking this box, the corporation certifies it  Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00.													
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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.													
SIGNA	TURE:	SIGNATURE AND TYPED	OR PRINTED HA	ME OF MOTION OF FICE	R OA DIREC	TOR			8-23-0 Date	5 (863 Objiro	)-78	<u>- \$556</u>	