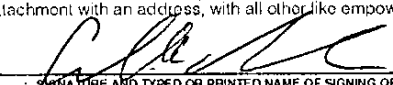


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90027 038 ***150.00

DOCUMENT # P04000059696					
1. Entity Name FIVE-I GROUNDS MAINTENANCE, INC.					
Principal Place of Business 302 GLENRIDGE LOOP N LAKELAND, FL 33809			Mailing Address P.O. BOX 490 KATHLEEN, FL 33849		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. Fee Number 36-4552600				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
IVINS, CARL A SR 302 GLENRIDGE LOOP N LAKELAND, FL 33809					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	D ☐ Delete				
NAME	IVINS, CARL A SR				
STREET ADDRESS	302 GLENRIDGE LOOP N				
CITY-ST-ZIP	LAKELAND, FL 33809				
TITLE	D ☐ Delete				
NAME	IVINS, CARL A JR				
STREET ADDRESS	302 GLENRIDGE LOOP N				
CITY-ST-ZIP	LAKELAND, FL 33809				
TITLE	D ☐ Delete				
NAME	BRASWELL, PEARLA JEAN				
STREET ADDRESS	5449 MORGAN RD				
CITY-ST-ZIP	LAKELAND, FL 33810				
TITLE	D ☐ Delete				
NAME	ALDERMAN, TRISH				
STREET ADDRESS	89 COLEMAN RD				
CITY-ST-ZIP	WINTER HAVEN, FL 33880				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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:  1-23-05 863-815-0907					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					