


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000059696</b> 1. Entity Name FIVE-I GROUNDS MAINTENANCE, INC.	
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Principal Place of Business 302 GLENRIDGE LOOP N LAKELAND, FL 33809	Mailing Address P.O. BOX 490 KATHLEEN, FL 33849
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01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI 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

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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

1000000388123  
01/20/06-80033-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IVINS, CARL A SR 302 GLENRIDGE LOOP N LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IVINS, CARL A JR 302 GLENRIDGE LOOP N LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRASWELL, PEARLA JEAN 5449 MORGAN RD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALDERMAN, TRISH 89 COLEMAN RD WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06

Date

863-815-0907

Daytime Phone #