

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000083594

1. Entity Name  
**COMMON GROUND LAND CARE, INC.**



**FILED  
Apr 13, 2005 8:00 am  
Secretary of State**

04-13-2005 90049 018 \*\*\*150.00

Principal Place of Business

11103 LAKE KATHERINE CIRCLE  
CLERMONT, FL 34711

Mailing Address

11103 LAKE KATHERINE CIRCLE  
CLERMONT, FL 34711



2. Principal Place of Business

**Common Ground Land Care**  
Suite, Apt. #, etc.

12013 County Road 561

City & State

Clermont, FL

Zip

34711

Country

U.S.A

3. Mailing Address

**Common Ground Land Care**  
Suite, Apt. #, etc.

12013 County Road 561

City & State

Clermont, FL

Zip

34711

Country

U.S.A

03172005 Chg-P CR2E034 (10/03)

4. FEI Number	<b>34-1997417</b>	Applied For
		Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

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

(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, 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: DP  Delete  
NAME: COLLINS, CHRISTOPHER  
STREET ADDRESS: 11103 LAKE KATHERINE CIRCLE  
CITY-ST-ZIP: CLERMONT, FL 34711

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: DCEO  Delete  
NAME: HERMANN, ERIN  
STREET ADDRESS: 11103 LAKE KATHERINE CIRCLE  
CITY-ST-ZIP: CLERMONT, FL 34711

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

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NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  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:

*Christopher J. Collins* *President* *4/13/05* *407-694-3188*

Signature or Print Name of Signing Officer or Director

Date

Daytime Phone #