

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000091596

Entity Name: CAP'S LAWN CARE, INC.

FILED
Feb 14, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 6407
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6407
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 20-1347426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCHARD LAW FIRM, P.A.
8285 NAVARRE PARKWAY
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAPTAIN, STEVE
Address: 9878 CREET CIRCLE
City-St-Zip: NAVARRE, FL 32566 US

Title: VP () Delete
Name: CAPTAIN, LISA
Address: 9878 CREET CIRCLE
City-St-Zip: NAVARRE, FL 32566 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CAPTAIN, LISA
Address: 9878 CREET CIRCLE
City-St-Zip: NAVARRE, FL 32566 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE CAPTAIN

P

02/14/2005

Electronic Signature of Signing Officer or Director

Date