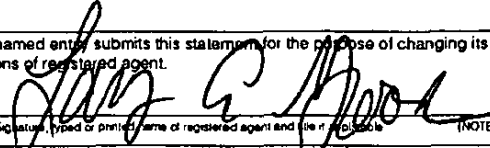
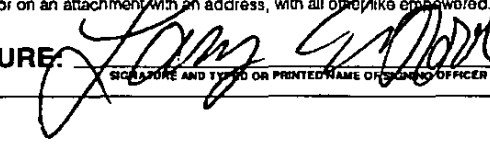


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 28, 2005 8:00 am
Secretary of State

06-01-2005 90014 029 ***150.00

DOCUMENT # P04000098248			
1. Entity Name ISLAND LAWNCARE, INC.			
Principal Place of Business 1900 POST ROAD UNIT 251 MELBOURNE FL 23935		Mailing Address 1900 POST ROAD UNIT 251 MELBOURNE FL 23935	
2. Principal Place of Business 1635 League Ave Suite, Apt. #, etc. #4		3. Mailing Address 1635 League Ave Suite, Apt. #, etc. #4	
City & State Melbourne FL		City & State Melb. FL	
Zip 32935		Country Brzvard	
4. FEI Number 562469569		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODMAN, LARRY E 1900 POST ROAD UNIT 251 MELBOURNE FL 23935		7. Name and Address of New Registered Agent Name GOODMAN LARRY E Street Address (P.O. Box Number is Not Acceptable) 1635 League Ave #4 City Melbourne FL 32935	
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  DATE 5-15-05 Signature (Typed or printed name of registered agent and file it separately) (NOTE: Registered Agent's signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOODMAN, LARRY E 1900 POST ROAD, UNIT 251 MELBOURNE FL 23935 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	GOODMAN, LARRY E 1635 LEAGUE AVE. #4 MELBOURNE FL 32935 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 		Date 5-15-05 Daytime Phone # 577-5445	