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	Mailing Address
1900 POST ROAD UNIT 251 MELBOURNE FL 23935	1900 POST ROAD UNIT 251 MELBOURNE FL 23935

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
1635 League Ave	1635 League Ave
Suite, Apt. #, etc. #4	Suite, Apt. #, etc. #4
City & State Melbourne FL	City & State Melb. FL
Zip 32935 Country Brevard	Zip 32935 Country Brevard

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 Zip Code 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 [signature] 5-15-05
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be 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
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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: [signature] 5-15-05 (321) 537-5545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #