2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P04000101526

Entity Name: MCGILL & ASSOCIATES LAWN & LANDSCAPING SERVICES, INC

Current Principal Place of Business:

505 CALLA PL
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

505 CALLA PL
POLK CITY, FL 33868

New Mailing Address:

FEI Number: 51-0513679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGILL, CALPURTIA
505 CALLA PL
POLK CITY, FL 33868 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: MCGILL, JUDAH
Address: 1407 SUNSHINE WAY
City-St-Zip: WINTER HAVEN, FL 33880

Title: V ( ) Delete
Name: MCGILL, LUCIUS
Address: 2458 QUAIL HOLLOW AVE
City-St-Zip: KISSIMMEE, FL 34744

Title: T ( ) Delete
Name: MCGILL, CALPURTIA
Address: 505 CALL PL
City-St-Zip: POLK CITY, FL 33868

Title: S ( ) Delete
Name: LISBON, WANDA
Address: 1250 ORANGE BLVD
City-St-Zip: POLK CITY, FL 33868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: VERONICA MCGILL M 04/27/2005

Electronic Signature of Signing Officer or Director — Date