## 2006 FOR PROFIT CORPORATION

## **FILED** Mar 01. 2006 08:00 AM

ANNUAL REPORT				Secretary of State			
DOCUMENT # P04000112461  1. Entity Name PATTERSON LAWN CARE, INC.					Seci	ctary or	State
	e of Business RIDGE ROAD EXT. 34119 US	Mailing Address 4111 PINE RIDGE ROAD EXT. NAPLES, FL 34119 US					
C	O NOT WRITE		CE	01272006 4. FEI Numb 20-145	No Chg-P	CR2E034 (11/0	Applied For Not Applicable
6. Name and Address of Current Registered Agent PATTERSON, TODD 4111 PINE RIDGE ROAD EXT. NAPLES, FL 34119			DO NOT WRITE IN THIS SPACE				
the obligated SIGNATURE.	named emity submits this statement for tropistered agent.  Signature, typed or printed name of registered agent a	nd rife of expolicable. (NOTE Register.  9. Election Campaign Fina	ed Agent signature required		in, in the State of Flo	orida. I am lamiliar wil	n, and accept
<u> </u>	ay 1, 2006 Fee will be \$550.0						
10.  ITILE NAME STREET ADDRESS CITY-SI-ZIP TIBLE NAME STREET ADDRESS	PST PATTERSON, TODD 4111 PINE RIDGE ROAD EXT. NAPLES, FL 34119	AREO (UNO			₩₩₩ ₩\$ <b>Z1</b> \\$Z <b>1</b>	0451243 00045- <b>023</b>	158.00
CMY-51-21P TITLE NAME STREET ADDRESS CITY-51-21P HILE NAME			DO NOT WRITE IN THIS SPACE				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd Patterson