

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90108 026 \*\*\*150.00

DOCUMENT # P04000112703

1. Entity Name  
ALWAYS FAIR LAWN CARE INC



Principal Place of Business  
2308 PALM DR.  
PORT ORANGE, FL 32128

Mailing Address  
2308 PALM DR.  
PORT ORANGE, FL 32128

14016475



2. Principal Place of Business  
980 Canalview Place  
Suite, Apt. #, etc.  
#D8

3. Mailing Address  
980 Canalview Place  
Suite, Apt. #, etc.  
#D8

03092005 Chg-P CR2E034 (10/03)

City & State  
Port Orange, FL  
Zip  
32128  
Country  
USA

City & State  
Port Orange, FL  
Zip  
32128  
Country  
USA

4. FEI Number 20-1458407  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

EDWARDS, JONATHAN  
2308 PALM DR.  
PORT ORANGE, FL 32128

## 7. Name and Address of New Registered Agent

Name Jonathan Edwards  
Street Address (P.O. Box Number is Not Acceptable)  
980 Canalview Place #D8  
City Port Orange FL Zip Code 32128

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, 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PVT	<input type="checkbox"/> Delete
NAME	EDWARDS, JONATHAN	
STREET ADDRESS	2308 PALM DR.	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE	S	<input type="checkbox"/> Delete
NAME	EDWARDS, MELAINE	
STREET ADDRESS	2308 PALM DR.	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwards, Jonathan	
STREET ADDRESS	980 Canalview Place #D8	
CITY-ST-ZIP	Port Orange, FL 32128	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwards, Melaine	
STREET ADDRESS	980 Canalview Place	
CITY-ST-ZIP	Port Orange, FL 32128	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #