

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113901

FILED
May 01, 2005
Secretary of State

Entity Name: ALL FOR HIM LAWN CARE, INC.

Current Principal Place of Business:

13885 DEER CHASE PLACE
JACKSONVILLE, FL 32224

New Principal Place of Business:

830-13 A1A N. #108
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

13885 DEER CHASE PLACE
JACKSONVILLE, FL 32224

New Mailing Address:

830-13 A1A N. #108
PONTE VEDRA BEACH, FL 32082

FEI Number: 55-0878281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD () Delete
Name: MCNICKLE, KIM
Address: 13885 DEER CHASE PLACE
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD () Delete
Name: PASTOR, HECTOR
Address: 13885 DEER CHASE PLACE
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD () Delete
Name: ZIPPERER, CASEY
Address: 13885 DEER CHASE PLACE
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD () Delete
Name: MCNICKLE, STEVEN
Address: 13885 DEER CHASE PLACE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCNICKLE, KIM
Address: 830-13 A1A NORTH #108
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD (X) Change () Addition
Name: PASTOR, HECTOR
Address: 830-13 A1A NORTH #108
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD (X) Change () Addition
Name: MCNICKLE, STEVEN
Address: 830-13 A1A NORTH #108
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD (X) Change () Addition
Name: MCNICKLE, STEVEN
Address: 830-13 A1A NORTH #108
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: KIM MCNICKLE

PD

05/01/2005

Electronic Signature of Signing Officer or Director

Date