


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90428 025 \*\*\*150.00

<b>DOCUMENT # P04000116597</b> 1. Entity Name <b>LAWNSCAPERS OF PORT ST LUCIE, INC.</b>					
Principal Place of Business <b>3908 SW LEESBURG ST PT ST LUCIE, FL 34953</b>			Mailing Address <b>3908 SW LEESBURG ST PT ST LUCIE, FL 34953</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KEITH, TRACY</b> <b>3908 SW LEESBURG ST</b> <b>PT ST LUCIE, FL 34953</b>			Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE <i>Tracy Keith</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>4/27/05</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P KEITH, DANIEL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3908 SW LEESBURG ST		NAME		
STREET ADDRESS	PT ST LUCIE, FL 34953		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEITH, TRACY		NAME		
STREET ADDRESS	3908 SW LEESBURG ST		STREET ADDRESS		
CITY-ST-ZIP	PT ST LUCIE, FL 34953		CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Tracy Keith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/27/05</b> <b>(772) 528-8824</b> <small>Date Daytime Phone #</small>		

40074476



04262005 Chg-P CR2E034 (10/03)

4. FEI Number **20-2231853** Applied For  
Not Applicable

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

**FL** Zip Code

**4/27/05**  
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	
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STREET ADDRESS	PT ST LUCIE, FL 34953
CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete
NAME	KEITH, TRACY
STREET ADDRESS	3908 SW LEESBURG ST
CITY-ST-ZIP	PT ST LUCIE, FL 34953
TITLE	<input type="checkbox"/> Delete
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SIGNATURE: *Tracy Keith* **4/27/05** **(772) 528-8824**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #