


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90009 041 ***150.00

DOCUMENT # P04000117066	
1. Entity Name HEAT WAVE LAWN CARE OF CENTRAL FLORIDA, INC.	

Principal Place of Business 239 BLOSSOM LANE WINTER PARK FL 32789	Mailing Address 239 BLOSSOM LANE WINTER PARK FL 32789
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2. Principal Place of Business 208 Hermit's Trail Suite, Apt. #, etc.	3. Mailing Address 208 Hermit's Trail Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State Altamonte Springs	City & State Altamonte Springs
Zip 32701	Zip 32701
Country USA	Country USA

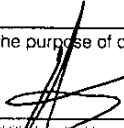
4. FEI Number 20-1619442	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BATES, ROBERT S 239 BLOSSOM LANE WINTER PARK FL 32789

7. Name and Address of New Registered Agent Name: Robert Bates Street Address (P.O. Box Number is Not Acceptable): 208 Hermit's Trail City: Altamonte Springs FL Zip Code: 32701

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:  DATE: 1/21/06
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE P	NAME BATES, ROBERT S
STREET ADDRESS 239 BLOSSOM LANE	CITY-ST-ZIP WINTER PARK FL 32789- +
<input type="checkbox"/> Delete	
TITLE VT	NAME BATES, ROBERT S
STREET ADDRESS 239 BLOSSOM LANE	CITY-ST-ZIP WINTER PARK FL 32789- +
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME Robert S. Bates
STREET ADDRESS 208 Hermit's Trail	CITY-ST-ZIP Altamonte Springs FL 32701
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	NAME Andrew R. Bates
STREET ADDRESS 208 Hermit's Trail	CITY-ST-ZIP Altamonte Springs FL 32701
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/06 407-509-7090
Date Daytime Phone #