

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90135 013 \*\*\*158.75

DOCUMENT # P04000119133	
1. Entity Name	
SUNNY DAYS PROFESSIONAL LAWN CARE, INC.	



Principal Place of Business	Mailing Address
409 SHEOAH BLVD #25 WINTER SPRINGS FL 32708	409 SHEOAH BLVD #25 WINTER SPRINGS FL 32708



2. Principal Place of Business	3. Mailing Address
1275 BOLTON RD.	1275 BOLTON RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State	City & State
NEW SMYRNA BEACH, FL	NEW SMYRNA BEACH, FL
Zip	Zip
32168	32168
Country	Country
US	US

4. FEI Number	Applied For
04-1649412	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent
HART, JOHN NELSON 2004 INDIA PALM EDGEWATER FL 32141

7. Name and Address of New Registered Agent
Name JOHN NELSON HART
Street Address (P.O. Box Number is Not Acceptable)
1275 BOLTON RD.
City NEW SMYRNA BEACH FL Zip Code 32168

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	(NOTE: Registered Agent signature required when reinstating)	DATE
<i>[Signature]</i>		

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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
<input type="checkbox"/>	

10. OFFICERS AND DIRECTORS	
TITLE	PCEO <input type="checkbox"/> Delete
NAME	HART, JOHN NELSON
STREET ADDRESS	2004 INDIA PALM
CITY-ST-ZIP	EDGEWATER FL 32141
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCEO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, JOHN NELSON
STREET ADDRESS	1275 BOLTON RD.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
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
<i>[Signature]</i>	

4-18-05 (386) 795-4792  
Date Daytime Phone #