2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121569

City-St-Zip:

MIDDLEBURG, FL 32068

Entity Name: PALM COAST LAWNCARE, INC.

FILED Jan 23, 2006 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|-----------------------------------|--|---|--|
| 4916 CHICKPEA ST MIDDLEBURG, FL 32 | 2068 | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 4916 CHICKPEA ST MIDDLEBURG, FL 32 | 2068 | | | |
| FEI Number: 20-1598209 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address o | Name and Address of New Registered Agent: | |
| JODOIN, RUSSELL 4916 CHICKPEA ST MIDDLEBURG, FL 32 | 2068 US | | | |
| The above named ent in the State of Florida. | | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Ager | | ent | Date | |
| Election Campaign Finan | cing Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: PTS Name: JODOIN, RI Address: % 4916 CH | | Title: Name: Address: | () Change () Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RUSSELL JODOIN PTS 01/23/2006