

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

T. Roberts SEP 30 2005

FILED  
05 SEP 30 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000124455  
1. Entity Name  
ANOTHER LAWN & CLEAN-UP SERVICE, INC.



Principal Place of Business  
262 JEFFERSON AVE. NW  
PALM BAY, FL 32907

Mailing Address  
262 JEFFERSON AVE. NW  
PALM BAY, FL 32907

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



06092005 Chg-P CR2E034 (10/03)  
4. FEI Number  
20-1554174  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

SEP 30 2005

6. Name and Address of Current Registered Agent  
GREGORY, MARC  
262 JEFFERSON AVE. NW  
PALM BAY, FL 32907

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending) DATE \_\_\_\_\_

Amended AR is \$61.25  
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS GREGORY, MARC 262 JEFFERSON AVE. NW PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200060203492 10/04/05--01015--007 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEPHON, GREGORY 262 JEFFERSON AVE NW PALM BAY, FL 32907 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOf Field OPS Gregory, Ronald 2607 Cavalier St Palm Bay FL 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: Marc Gregory Pres 6/5/05 (321) 508-8810  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #