FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90162 030 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000128501

1. Entity Name
ACCUSCAPES LAWN CARE, INC.

Principal Place of Business	Mailing Address
14532 MAILER BLVD ORLANDO, FL 32828	PO BOX 780262 ORLANDO, FL 32828

02242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
3487 Kayla Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Oviedo FL		City & State	
Zip: 32765	Country: U.S.	Zip	Country

4. FEI Number: 30-0275558 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORALES, ERIC 14532 MAILER BLVD ORLANDO, FL 32828	Name: Jay Frank Street Address (P.O. Box Number is Not Acceptable): 3487 Kayla Circle City: Oviedo FL Zip Code: 32765

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] President, Managing Director 2/20/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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	PS MORALES, ERIC 14532 MILLER BLVD ORLANDO, FL 32828	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,M Jay Frank 3487 Kayla Circle Oviedo FL 32765	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTM FRANK, JAY 3487 KAYLA CIRCLE OVIEDO, FL 32765	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] Jay Frank 2/20/06 407 416 7024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #